

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90075 037 ***150.00

DOCUMENT # F89331
 1. Entity Name
ROY GLAUM, INC.

Principal Place of Business Mailing Address
~~540 CARILLON PARKWAY~~ ~~540 CARILLON PARKWAY~~ *new address*
~~APARTMENT 1074~~ ~~APARTMENT 1074~~
~~ST. PETERSBURG FL 33716~~ ~~ST. PETERSBURG FL 33716-1283~~
~~US~~ ~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
13592 Lakepointe Dr. S. *Same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State *Clearwater Fl.* Mr. Roy Glaum
 Zip *33762* Country *Florida* 13592 Lakepointe Dr. S.
 Clearwater, FL 33762

4. FEI Number **59-2199782** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~GLAUM, ROY~~ ~~6342 TALLAHASSEE DR. N.E.~~ ~~TAMPA, FL~~ ~~ST. PETERSBURG FL 33702~~
 Mr. Roy Glaum
 13592 Lakepointe Dr. S.
 Clearwater, FL 33762
correct address

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *[Signature]* DATE *3/27/2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	GLAUM, ROY	
STREET ADDRESS	6342 TALLAHASSEE DR. N.E. <i>13592 Lakepointe Dr. S.</i>	
CITY-ST-ZIP	ST. PETERSBURG FL <i>Clearwater Fl 33762</i>	
TITLE	Mr. Roy Glaum	<input type="checkbox"/> Delete
NAME	13592 Lakepointe Dr. S.	
STREET ADDRESS	Clearwater, FL 33762	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE *3/27/2000* #ata *727-217-0539*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)