

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**  
 02-22-2001 90003 025 \*\*\*150.00

**DOCUMENT # G43500**

1. Entity Name

**GLOW TITLE & ESCROW CORPORATION**

Principal Place of Business

150 S. COURTENAY PKWY  
 MERRITT ISLAND FL 32952

Mailing Address

150 S. COURTENAY PKWY  
 MERRITT ISLAND FL 32952

2. Principal Place of Business

**125 E. Merritt Isl Cswy**

Suite, Apt. #, etc.

**Suite 119**

City & State

**Merritt Isl. FL**

3. Mailing Address

**125 E. Merritt Isl. Cswy.**

Suite, Apt. #, etc.

**Suite 119**

City & State

**Merritt Isl. FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2304731**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**INGRAM, SHIRLEY**  
**939 NORTH INDIAN RIVER DRIVE**  
**COCOA FL 32922**

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: *Shirley Ingram*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 **PD** ☐ Delete  
 NAME **INGRAM, SHIRLEY**  
 STREET ADDRESS **939 N INDIAN RIVER DR**  
 CITY-ST-ZIP **COCOA FL**

TITLE **V- President** ☐ Delete  
 NAME **Jean Ann Brown**  
 STREET ADDRESS **2340 Queen Ann**  
 CITY-ST-ZIP **Merritt Isl. FL-32952**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: *Shirley Ingram* **Shirley Ingram** **2/6/01** **321-453-6500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**pres**

CR2E034 (10/00)