

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT #

H04227

1. Entity Name

S. J. GLAUSER, INC.



03 JUL -2 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6828 SO. TAMIAMI TRAIL

3. Mailing Address

6828 SO. TAMIAMI TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2003 AMENDED

City & State

SARASOTA, FL 34231

City & State

SARASOTA, FL 34231

4. FEI Number

59-2416513

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

34231

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

STEVEN JERRY GLAUSER

Street Address (P.O. Box Number is Not Acceptable)

6828 SO. TAMIAMI TRAIL

City

SARASOTA

FL

Zip Code
34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME GLAUSER, STEVEN JERRY
STREET ADDRESS 6828 S. TAMIAMI TRAIL
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

05/29/03 01046 001 \$35.00

TITLE P/T
NAME GLAUSER, CHAD H.
STREET ADDRESS 6828 S. TAMIAMI TRAIL
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700019572847
08/06/03--01002--002 **26.25

TITLE V/S
NAME STOKEN, KINGSLEY
STREET ADDRESS 6828 S. TAMIAMI TRAIL
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. J. GLAUSER

6/23/03

941-923-3441

Date

Daytime Phone #

CR2E034B (12/02)