

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

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

06-02-2002 90906 028 \*\*\*150.00

DOCUMENT #

1. Entity Name

*H29630 ✓*  
*GLENDAL APARTMENT MANAGEMENT  
COMPANY, INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*11738 NORTH 14TH ST.*

3. Mailing Address

*11738 NORTH 14TH STREET*

Suite, Apt. #, etc. *TAMPA FL 33612*

Suite, Apt. #, etc. *TAMPA FL 33612*

DO NOT WRITE IN THIS SPACE

City & State

*TAMPA*

City & State

*FLORIDA*

Zip

*33612*

Country

*USA*

Zip

*33612*

Country

*USA*

4. FEI Number

*59-2539003*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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, 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) ☐

January 1st - May 1st Fee \$150.00

After May 1st Fee \$550.00

Amended UBR \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
	<i>CHAYKO CATHARINE E.</i>	<i>11738 N 14TH ST</i>	<i>TAMPA FL 33612</i>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*C. Chayko.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 10/02 -*

Date

Daytime Phone #