2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H94573 **DOCUMENT#**

1. Entity Name

GLENN'S MICROWAVE SERVICE, INC.

Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90135 004 ***150.00

1512 WHITLOCK AVE. 1512 V			failing Address 512 WHITLOCK AVE ACKSONVILLE FL 32211 IS									
2. Principal Place of Business 3. Mailing Address			iling Address				<u> </u>	888 (11) 81 9 11 815 11 8				
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING CH	HANGES		
City & State			City	City & State			4.	4. FEI Number 59-2622731			Applied For Not Applicable	
Zip		Country	Zip C			ountry 5		Certificate of Status Desired		.75 Ade	ditional	
•	6. Name	and Address of Current	Register	ed Agent			7.	Name and Address of New F	Registered Age	nt		
RICE, LEONARD GLENN					Name Street Address (P.O. Box Number is Not Acceptable)							
' 1512 WHI												
JACKSON	VILLE FL 3	2211										
						City			FL	Zip Cod	е	
	named entity ions of regist		r the purp	ose of changing its	registere	ed office or re	gistered a	gent, or both, in the State of Flo	orida. I am fami	liar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTÉ	: Registered	I Agent signature r	required when	reinstating)	DATE	<u> </u> 		
After	May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State					Election Campaign Fire Trust Fund Contribution	· -		May Be to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		А	DDITIONS/CHANGES TO OFF	ICERS AND DIF	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1512 WHI	NARD GLENN LOCK AVE. /ILLE FL 32211		□ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IREEN A. LOCK AVE VILLE FL 32211		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICE, M B 903 WOLF JACKSON			□ Delete		-				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICE KLEE 5412 ARLII JACKSON			□ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			*	*.		Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	,			☐ Delete	CITY-	T ADDRESS ST-ZIP		. 119 07/3\/i\ Florida Statutos		Change	Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: