DOCUMENT # J72118  1. Entity Name GLEN BRANDT, INC.				FILED Jan 09, 2001 8:00 am Secretary of State	
Principal Place of Business 721 9TH STREET E BRADENTON FL 34208 US		Mailing Address 721 9TH STREET E BRADENTON FL 34208 US		01-09-2001 90026 011 ***150.00	
2. Principal P	lace of Business	3. Mailing Address	<del>.</del>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-2787311 Applied For Not Applicable	
Zip	Country	Zip	Country	S. Certificate of Status Desired	
721 9	6. Name and Address of Current NDT, GLEN OTH STREET E DENTON FL 34208		Street Address City Ru	s (P.O. Box Number is Not Acceptable)	
SIGNATURE _ 9. This corpo Tax filing r	12 Ag	FILE NOW After MAY 1, 2	E: Registered office or registered Agent signature requirements of State of	tered agent, or both, in the State of Florida.  DATE  10. Election Campaign Financing \$5.00 May Be Added to Fees	
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  [2] Change ☐ Addition 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRANDT, GLEN 721 9TH STREET E BRADENTON FL 34208	(2) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANCHT GLENN 21 95T F Milenton Fl 34208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KEATON, GREG 4508 MANATEE AVE W # 801 BRADENTON FL 34209	<b>Delete</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐ ☐ ☐	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	certify that the information supplied with	this filing does not qualify for	my signature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify that the information ne same legal effect as if made under oath; that I am an officer or director	
indicated of the cor	on this report or supplemental report is	wered to execute this report	t as required by Chapter 6	607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, we URE	wered to execute this report	t as required by Chapter (	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if	