2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am Secretary of State K24951 DOCUMENT # 1. Entity Name 03-22-2002 90029 034 ***150.00 **GLENWOOD EQUITY CAPITAL CORPORATION** Principal Place of Business Mailing Address 256 OCEAN WAY 256 OCEAN WAY VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-2895414 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required ----7:-Name and Address of New Registered Agent: 6.-Name and Address of Current Registered Agent-WALLACH, KURT Street Address (P.O. Box Number is Not Acceptable) 256 OCEAN WAY VERO BEACH FL 32963 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE WALLACH, KURT NAME NAME STREET ADDRESS STREET ADDRESS 256 OCEAN WAY CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME WALLACH, KURT STREET ADORESS STREET ADDRESS 256 OCEAN WAY CITY-ST-ZIP CITY-ST-ZIP vero beach fl Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME WALLACH, MARIYLN G. STREET ADDRESS STREET ADDRESS 256 OCEAN WAY CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ASJWall-Dall MARILYN 6. WHU ACH 3/1/62 561-231-1234

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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FILED