

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90197 045 ***150.00

DOCUMENT # K64042

1. Entity Name
GLENNMAR PROPERTIES, INC.



Principal Place of Business
**5596 BAYVIEW DR
FT LAUDERDALE FL 33308
US**

Mailing Address
**PO BOX 100
EUTAWVILLE SC 29048
US**



2. Principal Place of Business
1260 E. Oakland Pk Blvd

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale, FL

City & State

4. FEI Number **52-1622929**

Applied For
Not Applicable

Zip
33334

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GALLANT, GLENN M
1260 E OAKLAND PK BLVD
FT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name **Judith A. Jarvis, PA**
Street Address (P.O. Box Number is Not Acceptable)
1260 E. Oakland Park BLVD
Suite 200
City **Ft. Lauderdale** **FL** Zip Code **33334**

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 *Glenn M. Gallant*
Signature, typed or printed name of registered agent and title if applicable.

JUDITH A. JARVIS

(NOTE: Registered Agent signature required when reinstating)

1/13/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GALLANT, GLENN M.**
STREET ADDRESS **1260 E OAKLAND PK BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

SIGNATURE: *Glenn M. Gallant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 **(954) 630-0001**
Date Daytime Phone #

CR2E034 (10/02)