

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K77212

FILED  
Mar 14, 2003  
Secretary of State

Entity Name: GLEN MAR APARTMENTS, INC.

**Current Principal Place of Business:**

725 KINGSTON CT  
APOLLO BCH, FL 335729428

**New Principal Place of Business:**

**Current Mailing Address:**

725 KINGSTON CT  
APOLLO BCH, FL 335729428

**New Mailing Address:**

FEI Number: 59-2943644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TEXTER, HARLEIGH A.  
725 KINGSTON CT.  
APOLLO BEACH, FL 33570

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTC ( ) Delete  
Name: TEXTER, HARLEIGH A.,  
Address: 725 KINGSTON CT.  
City-St-Zip: APOLLO BEACH, FL

Title: VSD ( ) Delete  
Name: TEXTER, BARBARA U.,  
Address: 725 KINGSTON CT.  
City-St-Zip: APOLLO BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARLEIGH A TEXTER

PTC

03/14/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date