

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013315

1. Entity Name
HORROX AND GLUGOVER LLC

Principal Place of Business
630 N. WILD OLIVE, SUITE B
DAYTONA BEACH FL 32118

Mailing Address
630 N. WILD OLIVE, SUITE B
DAYTONA BEACH FL 32118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
214 Loomis Ave
Suite, Apt. #, etc.

3. Mailing Address
214 Loomis Ave.
Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL

City & State
DAYTONA BEACH, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32114

Country
USA

Zip
32114

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLUGOVER, JONATHAN H
630 N. WILD OLIVE, SUITE B
DAYTONA BEACH FL 32118

Name
JONATHAN GLUGOVER H.
Street Address (P.O. Box Number is Not Acceptable)
214 Loomis Ave.

City
DAYTONA BEACH FL Zip Code
32114

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

11/7/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
JONATHAN GLUGOVER
Same as Above ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0000004130930--0
-05/09/01--01076--017
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Joseph Michael Horrox
Same as Above ☐ Delete

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

01/201

704 226-9810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)