

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90011 012 ****50.00

DOCUMENT # L01000007756

1. Entity Name

GLM CONSULTING, LLC

Principal Place of Business

6946 SUPERIOR STREET CIRCLE
 SARASOTA FL 34243

Mailing Address

6946 SUPERIOR STREET CIRCLE
 SARASOTA FL 34243

2. Principal Place of Business

3119 Hassi Pt

Suite, Apt. #, etc.

3. Mailing Address

3119 Hassi Pt

Suite, Apt. #, etc.

City & State

Longwood Fl.

City & State

Longwood Fl

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number

01-0654194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEZBERG, MICHAEL D
 3119 HASSI POINT
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: MEM- BT CONSULTING & TRADING LLC
 NAME: Michael Lezberg
 STREET ADDRESS: 3119 Hassi Pt
 CITY-ST-ZIP: Longwood Fl 32779
☐ Delete

TITLE: MEM
 NAME: Lynne Gross
 STREET ADDRESS: 6946 Superior St. Circle
 CITY-ST-ZIP: Sarasota, Fl. 34243
☐ Delete

TITLE: ☐ Delete
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 CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

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

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 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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: *Michael Lezberg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)