

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022273

1. Entity Name

GLASGOW GLOBE, LLC

FILED
Sep 25, 2002 8:00 am
Secretary of State

08-28-2002 90035 034 ****50.00

Principal Place of Business

Mailing Address

~~1801 N. MILITARY TRAIL~~
~~SUITE 200~~
~~BOCA RATON FL 33431~~

~~1801 N. MILITARY TRAIL~~
~~SUITE 200~~
~~BOCA RATON FL 33431~~

43020

2. Principal Place of Business

3. Mailing Address

745 VS Highway One

7100-39 Fanny Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB H180

DO NOT WRITE IN THIS SPACE

City & State

North Palm Beach

City & State

Palm Beach Gardens

4. FEI Number

01-0550071

Applied For

Not Applicable

Zip

33408

Country

Palm Beach

Zip

33418

Country

Palm Beach

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

HRAWG CORP.
 1801 N. MILITARY TRAIL
 SUITE 200
 BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Managing Member
 Andy G. Glasgow
 234 Coghlan Lakes Blvd
 Palm Beach Gardens FL 33418

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Principal
 Jason Glasgow
 7580 Regency Lakes Dr
 Boca Raton FL 33433

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 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

9/18/02

561-386-7400

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

Date

Daytime Phone #

CR2E083 (4/02)