

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

03-11-2003 90030 018 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

31

DOCUMENT # L02000012178					
1. Entity Name GLORY SPIRIT ENTERPRISES, L.L.C.					
Principal Place of Business 1280 MCNUITT CROSSING BOGART GA 30622			Mailing Address 1280 MCNUITT CROSSING BOGART GA 30622		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 43-1960201				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAXLEY, MILTON H II 1929 N.W. 12TH TERRACE GAINESVILLE FL 32609			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	Managing member	222 DAVIS Estates Rd.	Athens, Georgia	☒	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
10. ADDITIONS / CHANGES					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☒ Addition	
	Managing member	1280 McNuitt Crossing	Bogart, GA. 30622	☒	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Thomas M. Braswell</u> 3/5/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					