

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0048774

DOCUMENT # L02000024368

1. Entity Name
WALTER P. GLOVER ENTERPRISES, LLC



FILED

03 APR 24 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
318 BROOKS STREET SE
FORT WALTON BEACH FL 32548

Mailing Address
318 BROOKS STREET SE
FORT WALTON BEACH FL 32548

2. Principal Place of Business
318 BROOKS ST SE
FT WALTON BCH. FL 32548
Suite, Apt. #, etc.

3. Mailing Address
318 BROOKS ST SE
FT WALTON BCH FL 32548
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
FT WALTON BCH FL

City & State
FT WALTON BCH. FL

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

Zip
32548

Country
USA

Zip
32548

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

GLOVER, WALTER P
318 BROOKS STREET
FORT WALTON BEACH FL 32548

Name

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

000016959800

City

04/24/03--01054--000 FL **28686

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

Walter P. Glover

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GLOVER, WALTER P
318 BROOKS STREET
FORT WALTON BEACH FL 32548 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Walter P. Glover WALTER P. GLOVER

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

Date

Daytime Phone #

CR2E083 (10/02)