

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90125 041 ***158.75

DOCUMENT # L15949

1. Entity Name

G.L.E. ASSOCIATES, INC.

Principal Place of Business

1451 CHANNELSIDE DR.
 SUITE 200
 TAMPA FL 33605
 US

Mailing Address

1451 CHANNELSIDE DR
 SUITE 200
 TAMPA FL 33605
 US

2. Principal Place of Business

3109 Dr. Martin Luther King

3. Mailing Address

3109 Dr. Martin Luther King

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jr. Blvd., Suite 550

Jr. Blvd., Suite 550

City & State

City & State

Tampa, FL

Tampa, FL

Zip
 33607

Country
 USA

Zip
 33607

Country
 USA

4. FEI Number

59-2975164

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROBERT B.
 1451 CHANNELSIDE DR.
 SUITE 200
 TAMPA FL 33605

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PDTS
 NAME GREENE, ROBERT B.
 STREET ADDRESS 1451 CHANNELSIDE DR., SUITE 200
 CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D
 NAME GREENE, CAROLYN T.
 STREET ADDRESS 1451 CHANNELSIDE DR., SUITE 200
 CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE VP
 NAME STONE, HEBER "BUD"
 STREET ADDRESS 1451 CHANNELSIDE DR
 CITY-ST-ZIP TAMPA FL 33605 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS 3109 W. Dr. Martin Luther King Jr. Blvd.
 CITY-ST-ZIP Suite 550 Tampa, FL 33607 ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS 3109 W. Dr. Martin Luther King Jr. Blvd.
 CITY-ST-ZIP Suite 550 Tampa, FL 33607 ☒ 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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)