## 2002 Uniform Business Report (UBR)

## Mar 13, 2002 8:00 am 8 DOCUMENT # L80827 **Secretary of State** 1. Entity Name 03-13-2002 90147 037 \*\*\*150.00 G.L.M. DEVELOPERS, INC. Principal Place of Business Mailing Address % ROBERT H. MURPHY % ROBERT H. MURPHY 4964 HWY 90 STE A 4964 HWY 90 STE A PACE FL 32571 PACE FL 32571 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-3021281 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURPHY, ROBERT H. Street Address (P.O. Box Number is Not Acceptable) 4936 HWY 90 **PACE FL 32571** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) TITLE ☐ Delete TITLE ☐ Change Addition Murphy, Robert NAME NAME 4936 HWY 90 STREET ADDRESS STREET ADDRESS PACE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GRACE, CARMON E. NAME STREET ADDRESS 4936 HWY 90 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PACE FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change MURPHY, BOBBY R. NAME NAME STREET ADDRESS 4936 HWY 90 STREET ADDRESS PACE FL 32571 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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:

Stert H. Murphy / President 3-1-00