

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90201 017 ***150.00

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DOCUMENT # **M20388**

1. Entity Name
GLORY ELECTRIC, INC.



Principal Place of Business 19601 W WYCAMORE DR 19601 W. SYCAMORE DRIVE, P.O. BOX 858 LOXAHATCHEE FL 33470 US	Mailing Address P O BOX 858 19601 W. SYCAMORE DRIVE, P.O. BOX 858 LOXAHATCHEE FL 33470 US
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70042084



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2594112**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOLARES, ANTHONY
19601 W. SYCAMORE DRIVE
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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: *Anthony Molares* DATE: 4/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input type="checkbox"/> Delete
NAME	MOLARES, ANTHONY	
STREET ADDRESS	19601 W. SYCAMORE DR.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOLARES, ANTHONY	
STREET ADDRESS	19601 W. SYCAMORE DR.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOLARES, RUTH ANN	
STREET ADDRESS	19601 W SYCAMORE DR	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Molares* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____

CR2E034 (10/02)