2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

M84410 DOCUMENT

1. Entity Name

SIGNATURE

WILLIAM A GLOVER & ASSOCIATES INC



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90034 042 ***150.00

WIEDAW A. GLOVER & ASSOCIATES, INC.					
	Mailing Address 2830 COUNTRYSIDE #221 CLEARWATER FL 34621				
Principal Place of Business 3. Mailing Address			* * * * * * * * * * * * * * * * * * *	 	iti mimit mimit mimit mimit mimit mimit i
Suite, Apt. #, etc	Suite, Apt. #, etc.		☐ CHECK HERE	IF MAKI	NG CHANGES
City & State		·	4. FEI Number 59-2894001		Applied Fo
Zip	Cour	ntry	5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GLOVER, WILLIAM A. 2830 COUNTRYSIDE #221 CLEARWATER FL 34621			7. Name and Address of New F	legistere	
			Name Street Address (P.O. Box Number is Not Acceptable)		
	Mailing Address 2830 COUNTRYS CLEARWATER FL 3. Mailing Addres Suite, Apt. #, etc City & State Zip	Mailing Address 2830 COUNTRYSIDE #221 CLEARWATER FL 34621 3. Mailing Address Suite, Apt. #, etc. City & State Zip Cou	Mailing Address 2830 COUNTRYSIDE #221 CLEARWATER FL 34621 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country The Registered Agent Name	Mailing Address 2830 COUNTRYSIDE #221 CLEARWATER FL 34621 3. Mailing Address Suite, Apt. #, etc. CHECK HERE City & State 4. FEI Number 59-2894001 Zip Country 5. Certificate of Status Desired T. Name and Address of New F. Name	Mailing Address 2830 COUNTRYSIDE #221 CLEARWATER FL 34621 3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Number 59-2894001 Zip Country 5. Certificate of Status Desired mt Registered Agent 7. Name and Address of New Registere

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.

City

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

Zip Code

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.	05510550 1115 515-1	<u> </u>	·	
10.	OFFICERS AND DIRECTO	DRS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PST GLOVER, WILLIAM A. 2830 COUNTRYSIDE #221 CLEARWATER FL 34621	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, WILLIAM A. 2830 COUNTRYSIDE #221 CLEARWATER FL 34621	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 trusted 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition