

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

06-16-2003 90148 032 *****70.00

DOCUMENT # N01000005298

1. Entity Name
GLOARY, INC.



Principal Place of Business
**3733 S. LANCEWOOD PLACE
DELRAY BEACH FL 33445**

Mailing Address
**3733 S. LANCEWOOD PLACE
DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1129956**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
**3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **D MAURINO, LORRIE** ☐ Delete
STREET ADDRESS **3733 S. LANCEWOOD PLACE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE
NAME **LAMONT Guthrie** ☐ Change ☒ Addition
STREET ADDRESS **3519 N. Dixie Hwy**
CITY-ST-ZIP **Oakland Park FL 33334**

TITLE
NAME **D McDONALD, GRACE** ☒ Delete
STREET ADDRESS **3733 S. LANCEWOOD PLACE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE
NAME **RITA PITASSI** ☐ Change ☒ Addition
STREET ADDRESS **220 N. CONGRESS AVE. #211**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE
NAME **D TURNER, BRIAN** ☒ Delete
STREET ADDRESS **3733 S. LANCEWOOD PLACE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE
NAME **THOMAS LAZENBY** ☐ Change ☒ Addition
STREET ADDRESS **2805 SW 22d. Ave #202**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE
NAME **T WEINER, SANDRA** ☒ Delete
STREET ADDRESS **440 NW 95 AVENUE**
CITY-ST-ZIP **PLANTATION FL 33324**

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

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/03 561-499-6190

CR2E037 (10/02)