

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005563

1. Entity Name

GLENN COMPANY PRODUCTIONS, INC.

FILED

Apr 24, 2002 8:00 am  
Secretary of State

04-24-2002 90254 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4339 S PENINSULA DR  
DAYTONA BEACH FL 32127

4339 S PENINSULA DR  
DAYTONA BEACH FL 32127

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

59-3278097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLENN, ROBERT  
4339 S PENINSULA DR  
DAYTONA BEACH FL 32127

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ST ☐ Delete  
NAME GLENN, GAIL  
STREET ADDRESS 4339 S PENINSULA DR  
CITY-ST-ZIP DAYTONA BEACH FL

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

TITLE D ☐ Delete  
NAME GLENN, GAIL  
STREET ADDRESS 4339 S PENINSULA DR  
CITY-ST-ZIP DAYTONA BEACH FL 32127

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

TITLE D ☐ Delete  
NAME GLENN, JEFFREY  
STREET ADDRESS 4339 S PENINSULA DR  
CITY-ST-ZIP DAYTONA BEACH FL 32127

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

TITLE D ☐ Delete  
NAME RICHARDSON, SAUNDRA R  
STREET ADDRESS 1401 S. PALMETTO #804  
CITY-ST-ZIP DAYTONA BCH FL

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

TITLE D ☐ Delete  
NAME WARNER, VANESSA A.A.C. A  
STREET ADDRESS 397 FT SMITH BLVD.  
CITY-ST-ZIP DELTONA FL

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

TITLE D ☐ Delete  
NAME SOWER, SCOTT BS  
STREET ADDRESS SS4S022 S. PENINSALA DRIVE  
CITY-ST-ZIP DAYTONA BCH FL

TITLE ☐ Change ☐ Addition  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail Glenn 4-10-02 (386)767-8466

Date

Daytime Phone #

CR2E037 (9/01)