

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

DOCUMENT # **N94000005563**

1. Entity Name

GLENN COMPANY PRODUCTIONS, INC.



**FILED
May 19, 2003 8:00 am
Secretary of State**

05-19-2003 90218 030 ****61.25

001657

Principal Place of Business

**4339 S PENINSULA DR
DAYTONA BEACH FL 32127**

Mailing Address

**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

4. FEI Number **59-3278097**

Applied For

Not Applicable

Zip

Country

Zip

Country

✓ Volusia

6. Name and Address of Current 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

CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLENN, GAIL 4339 S PENINSULA DR DAYTONA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENN, GAIL 4339 S PENINSULA DR DAYTONA BEACH FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENN, JEFFREY 4339 S PENINSULA DR DAYTONA BEACH FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, SAUNDRA R 1401 S. PALMETTO #804 DAYTONA BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, VANESSA A.C. A 397 FT SMITH BLVD. DELTONA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOWER, SCOTT BS SS45022 S. PENINSALA DRIVE DAYTONA BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *GAIL GLENN*

5-10-03 (386)767-8466

CR2E037 (10/02)