

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003680**

1. Entity Name

THE GLORY HOUSE, INC.**FILED****May 08, 2000 8:00 am**
Secretary of State

05-08-2000 90053 019 ****61.25

951807

DO NOT WRITE IN THIS SPACE

Principal Place of Business 11290 ST. JOHN'S BLUFF INDUSTRIAL PARKWAY STE. 2 JACKSONVILLE FL 32246		Mailing Address 11290 ST. JOHN'S BLUFF INDUSTRIAL PARKWAY STE. 2 JACKSONVILLE FL 32246	
2. Principal Place of Business 1547 ATLANTIC BLVD Suite, Apt. #, etc. SUITE 17 City & State NEPTUNE BEACH, FL Zip Country 32266 DUVAL		3. Mailing Address P.O. BOX 331263 Suite, Apt. #, etc. City & State ATLANTIC BEACH, FL Zip Country 32233 DUVAL	
4. FEI Number 59-3526701		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTIN, JEFFERSON S JR 2362 AZTEC DR WEST JACKSONVILLE FL 32246		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, JEFFERSON S JR 2362 AZTEC DR WEST JACKSONVILLE FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, JEFFERSON S JR 1527 Summer Sands Drive Neptune Beach, FL 32266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARTIN, CANDI 2362 AZTEC DR WEST JACKSONVILLE FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARTIN, CANDI 1527 Summer Sands Drive Neptune Beach, FL 32266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLETCHER, DAVID P.O. BOX 77 N/A PUNTA GORDA BELIZE <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	VD DUKE, DAN 1130 KINGS RD. NEPTUNE BEACH FL 32266 <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	VD WHITE, DAN 1251 FROMAGE WAY JACKSONVILLE FL 32225 <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	SD DAVIS, PAULA B P.O. BOX 350971 N/A JACKSONVILLE FL 32246 <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:		JEFFERSON S MARTIN 04/25/00 (904) 270-2223	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E037 (9/99)