

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000005606**1. Entity Name
GLOMAR BOOKS, INC.**Principal Place of Business**

1515 S. FLAGLER DR.,STE.2802

WEST PALM BEACH
33401

FL

Mailing Address

1515 S. FLAGLER DR.,STE.2802

WEST PALM BEACH
33401

FL

2. Principal Place of Business

1515 S. FLAGLER DR.

Suite, Apt. #, etc.
2603City & State
WEST PALM BEACH

FL

Zip
33401

Country

3. Mailing Address

1515 S. FLAGLER DR.

Suite, Apt. #, etc.
2603City & State
WEST PALM BEACH

FL

Zip
33401

Country

4. FEI Number☒ Applied For
☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCCALL KANAHELE GLORIA S
1515 S. FLAGLER DR.,STE.2802WEST PALM BEACH
33401

FL

7. Name and Address of New Registered Agent**Name**

MCCALL KANAHELE GLORIA S

Street Address (P.O. Box Number is Not Acceptable)
1515 S. FLAGLER DR.

2603

City
WEST PALM BEACH

FL

Zip Code
33401

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 **GLORIA S. MCCALL KANAHELE**

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

(NOTE: Registered Agent signature required when reinstating)

09/13/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCCALL KANAHELE GLORIA S		
STREET ADDRESS	1515 S. FLAGLER DR #2603		
CITY-ST-ZIP	W. PALM BEACH FL 33401		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria S. McCall Kanahele

Pres

09/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)