FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91167 018 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020698

1. Entity Name: GLOVER SIGNS OF ORLANDO, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3466 W. WASHINGTON ST	3466 W. WASHINGTON ST.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: ORLANDO, FL.	City & State: ORLANDO, FL.
Zip: 32805 — Country: ORANGE	Zip: 32805 — Country: ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3644907 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RICHARD GLOVER

Street Address (P.O. Box Number is Not Acceptable): 519 DERBY DR.

City: ALTAMONTE SPRINGS — FL — Zip Code: 32714

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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☑ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	RICHARD GLOVER	NAME	
STREET ADDRESS	519 DERBY DR.	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32714	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	WALTER GLOVER	NAME	
STREET ADDRESS	1909 NATCHEZ TR BL	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32818	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Glover. RICHARD GLOVER — 04/30/02 — (407)532-6005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #