2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

PANAMA CITY FL 32405-5321

SIGNATURE:

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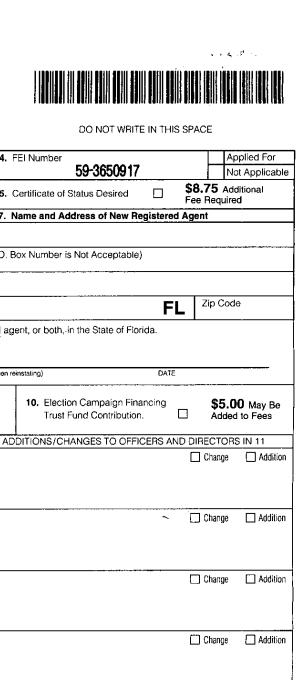
1. Entity Name

GLENN BURKETT CORPORATION Principal Place of Business Mailing Address 2282 MARTIN LUTHER KING BLVD. 2282 MARTIN LUTHER KING BLVD.

PANAMA CITY FL 32405-5321

FILED Jun 25, 2002 8:00 am Secretary of State

06-25-2002 90437 047 ***550 00



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BURKETT, GLENN** Street Address (P.O. Box Number is Not Acceptable) 400 CHAT HOLLEY RD. SANTA ROSA BCH FL 32459 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Delete TITLE TITLE NAME **BURKETT, GLENN** STREET ADDRESS STREET ADDRESS **400 CHAT HOLLEY ROAD** CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA BEACH FL 32459 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

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