

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91166 025 ***150.00

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DOCUMENT # P00000049804

1. Entity Name
GLITZ HOLDINGS, INC.



Principal Place of Business
**1440 N NOVA RD. SUITE 201
HOLLY HILL FL 32117**

Mailing Address
**1440 N NOVA RD. SUITE 201
HOLLY HILL FL 32117**

2. Principal Place of Business
800 N. SEGRAVE

3. Mailing Address
POB 291185

Suite, Apt. #, etc.
#B

Suite, Apt. #, etc.

City & State
DAYTONA BEACH FL

City & State
PORT ORANGE FL

4. FEI Number
59-3653935

Applied For
Not Applicable

Zip
32114

Country
VOLUSIA

Zip
32129

Country
VOLUSIA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAFOND, GLEN W
1440 N NOVA RD, SUITE 201
HOLLY HILL FL 32117**

Name
LaFond, Glen W
Street Address (P.O. Box Number is not acceptable)
800 N SEGRAVE
#B
City
DAYTONA BEACH FL Zip Code
32114

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

4-30-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAFOND, GLEN W
745 SANDY HILL CIRCLE
PORT ORANGE FL 32127** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LAFOND, ELIZABETH L
745 SANDY HILL CIRCLE
PORT ORANGE FL 32127** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

386/547-3003
Daytime Phone #

CR2E034 (10/02)