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2001 UNIFORM-BUSINESS REPORT (UBR)

DOCUMENT # P0000053800 1. Entity Name FLORIDA GLIDER, INC.										
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Principal Place		Mailing Address		 -		SEOF	VETARY OF	STAL	Ē 94 .	
1183 DUTTON AT DELAND FL 3272		1183 DUTTON AVENU. Deland Fl. 32720	E			TALL	AHASSEE, UUUZI	1,70120	Ear Time	
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2. Principal Pl	lace of Business	3. Mailing Address								
Suite, Apt. #	# etc.	Suite, Apt. #, etc.				DC	NOT WRITE IN	THIS SPA	○ □	
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City & State	· · · · · · · · · · · · · · · · · · ·	City & State		_	4.	FEI Number 59 365	(12.57		_ 	oplied For of Applicable
Zip	Country	Zip	Count	ntry	5. (Certificate of Status			3.75 Add	ditional
	6. Name and Address of Curre	ent Registered Agent				Name and Addres				<u></u>
enic				Name				_		
	GEL & UTRERA, P.A. ALMERIA AVENUE		I	Street Ad	idress (P.O. E	Box Number is Not	Acceptable)			
	IAL GABLES FL 33134		I							
			1	City				FL	Zip Cod	e
_				-						
8. The above !	named entity submits this statemen	nt for the purpose of changing	ng its registere	ed office or	registered ag	ent, or both, in the	State of Florida.			
•	named entity submits this statemer	nt for the purpose of changi	ng its register	ed office or	registered ag	ent, or both, in the	State of Florida.	1		
SIGNATURE	named entity submits this statement				registered ag		State of Florida.	DATE		<u> </u>
SIGNATURE	Signature, typed or printed name of registerou appraisers to selligible to satisfy its Intang	agent and the it applicable.	(NOTE: Registered	ed Agent signalu	are required when ro	cinstating)		DATE	* s n	
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9. This corpor	Signature: typed or printed name of registered and praction is eligible to satisfy its Intang requirement and elects to do so.	gible FILE N After MAY Make Check F	(NOTE: Registered IOW!!! FEE 1, 2001 Fee	ed Agent signature. EIS \$150.0 e will be \$5 Department	one required whon re 00 550.00 t of State	cinstating) 10. Election Ca	ampaign Financii Contribution.	DATE ng	Added	d to Fees
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3. 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 for trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, withhall other like corpowered.