

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90101 035 ***150.00

DOCUMENT # P 00000063666

1. Entity Name

GLITCH SYSTEMS, INCORPORATED ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

19660 Delaware Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL 33434

City & State

4. FEI Number

65-1020263

Applied For

Not Applicable

Zip
33434

Country

Palm Beach

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Deon P. Rodden

Street Address (P.O. Box Number is Not Acceptable)

19660 Delaware Circle

City

Boca Raton,**FL**

Zip Code

33434

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)

March 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P Deon P. Rodden <input type="checkbox"/> Delete
NAME	19660 Delaware Circle
STREET ADDRESS	Boca Raton, FL 33434
CITY-ST-ZIP	

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

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

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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: **X Deon Rodden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deon P. Rodden, President

Date

(561) 479-0809

Daytime Phone #

CR2E034 (11/00)