

2001 UNIFORM BUSINESS REPORT (UBR)

1/22/01

FILED

Feb 09, 2001 8:00 am
Secretary of State

01-22-2001 90006 001 ***150.00

DOCUMENT # P00000099075

1. Entity Name

GLISSON PLASTERING, INC.

Principal Place of Business

**PO BOX 283
BOSTWICK FL 32007**

Mailing Address

**PO BOX 283
BOSTWICK FL 32007**

2. Principal Place of Business

**PO Box 283
BOSTWICK**

City, Apt. #, etc.

FLORIDA

City & State

32007

Country

Putnam

3. Mailing Address

**PO Box 283
BOSTWICK**

City, Apt. #, etc.

FLORIDA

City & State

32007

Country

Putnam



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-367-8783

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLISSON, JOHNNY
321 T.R. WILLIAMS LANE
BOSTWICK FL 32007**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GLISSON, JOHNNY**
STREET ADDRESS **PO BOX 283**
CITY-ST-ZIP **BOSTWICK FL 32007**

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Johnny Glisson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)