2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

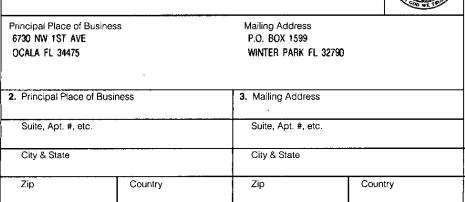


Apr 14, 2003 8:00 am \$ Secretary of State 204-14-2003 90000 000 75

04-14-2003 90909 004 ***150.00

FILED

DOCUMENT#	PUUUUU 1 136 1U	
1. Entity Name		
GLOW Q, INC.		
 		1265



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-3689009 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

LIVINGSTON, EDWARD M 628 ELLEN DR WINTER PARK FL 32789

SIGNATURE

IName	in a magazina	-	
Street Addi	ress (P.O. Box Number is Not Acceptable)		

7. Name and Address of New Registered Agent

8. The above nan	ned entity submits this statement fo	the purpose of changing its registere	d office or registered agent	, or both, in the State of Florida.	I am familiar with, and accept
the obligations	of registered agent.				

City

(NOTE: Registered Agent signature required when reinstating)

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

Zip Code

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPST TITLE Change ☐ Addition TITLE ☐ Delete GOELZ, WAYNE A NAME NAME STREET ADDRESS **6730 NW 1ST AVE** STREET ADDRESS OCALA FL 34475 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. GOELZ, President

4-3-03 352-732-60