

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90567 006 \*\*\*150.00

**DOCUMENT # P01000003640**

1. Entity Name  
**RICHARD A. GLOVER, C.P.A., P.A.**

Principal Place of Business

~~2975 CENTERVILLE RD~~  
**TALLAHASSEE FL 32308**

Mailing Address

~~2975 CENTERVILLE RD~~  
**TALLAHASSEE FL 32308**

B0095453



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1809 Micosukee Commons**  
**108 Drive**

3. Mailing Address

**PO Box 12612**

City & State  
**TALLAHASSEE, FL**

City & State  
**TALLAHASSEE, FL**

4. FEI Number  
**59-2992333**

Applied For  
 Not Applicable

Zip  
**32308**

Country  
**LOAN**

Zip  
**32317**

Country  
**LOAN**

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

6. Name and Address of Current Registered Agent

**GLOVER, RICHARD A**  
**2375 CENTERVILLE RD**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1809 Micosukee Commons Drive Suite 108**  
 City **Tallahassee** FL Zip Code **32308**

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, 2002 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** ☐ Delete  
 NAME **GLOVER, RICHARD A**  
 STREET ADDRESS **2375 CENTERVILLE RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **PO BOX 12612**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32317**

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

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

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TITLE ☐ Change ☐ Addition  
 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:** **Richard A. Glover**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)