2002 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2002 8:00 am secretary of State P01000006764 DOCUMENT # 1. Entity Name 03-03-2002 90093 046 ***150.00 GLENNON DESIGN, INC. Principal Place of Business Mailing Address 1858 THIRD STREET 1858 THIRD STREET JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH : FL: 32250 : 3. Mailing Address 2. Principal Place of Business 1074 10th Avenue South 1074 10th Avenue South Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Jacksonville Beach, 59-3691745 <u>Jacksonville Beach.</u> Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32250-3306 USA 1 32250-33 6. Name and Address of Current Registered Agent 32250-3306 7. Name and Address of New Registered Agent Name GLENNON, ROY T Street Address (P.O. Box Number is Not Acceptable) **1858 THIRD STREET** 12179 Sunowa Spring Trail JACKSONVILLE BEACH FL 32250 Zip Code City <u>Brvceville</u> 32009 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 .9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 ☐ Change ☐ Addition TITLE POST TITLE ☐ Delete NAME GLENNON, ROY R NAME 14568 SOUTH PETITE DRIVE STREET ADDRESS 12179 Sunowa Spring Trail STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP Bryceville, Florida 32009 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME GLENNON, FAITH A NAME STREET ADDRESS 14568 SOUTH PETITE DRIVE 12179 Sunowa Spring Trail STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 Bryceville, Florida ☐ Addition TITLE ☐ Delete TITLE Change NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition TITLE ☐ Delete TITLE Change Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

President

SIGNATURE:

FILED