

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90175 049 ***150.00

DOCUMENT # P01000026866

1. Entity Name
GLAVIN REAL ESTATE ASSOCIATES, INC.

Principal Place of Business

**C/O JACKLYN GLAVIN
 145 NW BYRON ST
 PORT ST LUCIE FL 34983**

Mailing Address

**C/O JACKLYN GLAVIN
 145 NW BYRON ST
 PORT ST LUCIE FL 34983**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1083683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**EDGE, JOSEPH
 C/O THE TAX SHOPPE
 932 SW BAYSHORE BLVD
 PORT ST LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name

JACKLYN GLAVIN

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

145 N.W. Byron St.

City

PORT ST LUCIE

FL

Zip Code

34983

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jacklyn Glavin*

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **Pres.** **JACKLYN GLAVIN** ☐ Delete
 NAME
 STREET ADDRESS **145 N.W. BYRON**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 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: *Jacklyn Glavin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

PO1000026821/675509

THE TAX SHOPPE

932 SW Bayshore Blvd.

Port St. Lucie, FL 34983

(772) 879-2895

(772) 879-2894 Fax

Email: TaxShopeFla@aol.com

July 22, 2002

Florida Department of State

P O Box 6327

Tallahassee, Florida 32314

Re: Renewal / Annual Corporation Report

Dear Sirs:

Enclosed you will find a check in the amount of \$150 for payment of the Annual Report fee for our corporation. The original of the document was either lost or otherwise undelivered and we were not aware that it had to be paid. Please accept this payment and process it accordingly.

Further, please review your records to ensure the correct address is as it appears below.

If you have any questions, please contact us at your earliest convenience.

Sincerely,

Joe Edge
The Tax Shoppe

cc:

Glavin Real Estate Associates Inc.

145 NW Byron Street

Port St Lucie, FL 34983