

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90143 017 ***150.00

DOCUMENT # P01000042495

1. Entity Name

GlennTec Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

759 S. Federal Hwy

Suite, Apt. #, etc.

Suite 215

City & State

Stuart, FL

Zip

34994

Country

USA

3. Mailing Address

759 S. Federal Hwy

Suite, Apt. #, etc.

Suite 215

City & State

Stuart FL

Zip

34994

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2618654

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lawrence E. Crary III

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

555 Colorado Avenue, Suite 1

City

Stuart,

FL

Zip Code

34994

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

Lawrence E. Crary III
Signature, typed or printed name of registered agent, and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

*P/DIC/M
Ana H. Glenn
4700 SW BOAT RAMP AVE.
PALM CITY, FL. 34990*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*V/T/5
RICHARD L. Glenn
4700 SW BOAT RAMP AVE
PALM CITY, FL. 34990*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ana H. Glenn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana H. Glenn 4-3-02-772-781-0688

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**