

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90289 042 \*\*\*150.00

0610278 AV

**DOCUMENT # P01000042495**

1. Entity Name  
**GLENTEC, INC.**



Principal Place of Business  
**759 S FEDERAL HWY  
SUITE 215  
STUART FL 34994**

Mailing Address  
**759 S FEDERAL HWY  
SUITE 215  
STUART FL 34994**



2. Principal Place of Business

3. Mailing Address

**4700 S.W. Boat Ramp Ave**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Palm City, FL**

City & State  
**Palm City, FL**

4. FEI Number **58-2618654**

Applied For  
Not Applicable

Zip  
**34990**

Country  
**USA**

Zip  
**34990**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRARY, LAWRENCE E III  
555 COLORADO AVENUE, SUITE 1  
STUART FL 34994**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTS  
GLENN, RICHARD L  
4700 SW BOAT RAMP AVE  
PALM CITY FL 34990** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDCM  
GLENN, ANA H  
4700 SW BOAT RAMP AVE  
PALM CITY FL 34990** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

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.

SIGNATURE:

**Signature and Typed or Printed Name of Signing Officer or Director**  
**Ana H. Glenn Pres** **4-28-03 712-781-0688**

Date

Daytime Phone #

CR2E034 (10/02)