

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000043633**

1. Entity Name

GLM REMODELING & BUILDING CONTRACTORS, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-04-2002 90158 038 ***150.00

42108

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1025 NW 18 AVE DELRAY BEACH FL 33445		Mailing Address 1025 NW 18 AVE DELRAY BEACH FL 33445	
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 APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, GARY L 1025 NW 18 AVE DELRAY BEACH FL 33445		7. Name and Address of New Registered Agent 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 reinstalling) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MILLER, GARY L 1025 NW 18 AVE DELRAY BEACH FL 33445 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.			
SIGNATURE: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (4/02)

Attachment
GLM Remodeling & Building Contractors, Inc.

1025 NW 18th Avenue
Delray Beach, FL 33445
Phone: (561) 243-9878

Gary L. Miller, Pres.

July 22, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32301-1500

Gentlemen:

Be advised that I have no recollection of having received the first UBR form. This is a new corporation, and was not aware of the filing requirement until we received the enclosed form, which included a penalty.

The attorney who formed the corporation has since retired, and did not advise us of the requirement. Therefore, we are enclosing a check in the amount of \$150 (the original amount due), and request that you abate the additional charge. All future filing fees will be filed in a timely manner now that we are aware of them.

Thank you.

[Signature]
Sincerely,
GLM Remodeling

Gary L. Miller, Pres.
[Signature]