

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90702 030 ***150.00

DOCUMENT # P01000050159

1. Entity Name

GLA, II, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7856 Kavanagh Ct.

Suite, Apt. #, etc.

3. Mailing Address

7856 Kavanagh Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Fl

City & State

Sarasota, Fl

4. FEI Number

65-1106987

Applied For

Not Applicable

Zip

34240

Country

Sarasota

Zip

34240

Country

Sarasota

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Gary L. Allen

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

7856 Kavanagh Ct.

City Sarasota

FL

Zip Code
34240

**DO NOT WRITE
IN THIS SPACE**

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

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)

**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

D

NAME

Gary L. Allen

STREET ADDRESS

7856 Kavanagh Ct.

CITY-ST-ZIP

Sarasota, Fl 34240

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. ALLEN

Date

3/8/02

Daytime Phone #

CR2E034B (12/01)