

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90148 046 ***150.00

DOCUMENT # P01000053807

1. Entity Name
GLASGOW & ASSOCIATES, INC.

Principal Place of Business

**9 W. HAMMON DRIVE
 APOPKA FL 32703**

Mailing Address

**9 W. HAMMON DRIVE
 APOPKA FL 32703**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

734 Central Ave

3. Mailing Address

734 Central Ave

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Apopka, FL

City & State

Apopka, FL

4. FEI Number

01-0663435

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

32703

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLASGOW, ABIGAIL-S
 9 W. HAMMON DRIVE
 APOPKA FL 32703**

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.

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) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GLASGOW, ABIGAIL 9 W. HAMMON DRIVE APOPKA FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BROWN, TERRY 9 W. HAMMON DRIVE APOPKA FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALSTON, PATRICIA 1041 S KIRKMAN ROAD, #15 ORLANDO FL 32811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, ANITA 4817 ELESE STREET ORLANDO FL 32805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOCKETT, P. J. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, TERRY 9 W. Hammon Drive Apopka, FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wayne Glasgow 11305 Spring Ct, Apt C Tampa, FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richardson, Anita 5016 Elese St Orlando, FL 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kacey Penn 11305 Spring Ct, Apt C Tampa, FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kizzy Penn 11305 Spring Ct, Apt C Tampa, FL 33612 <input type="checkbox"/> Change <input checked="" 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 all other like empowered.

SIGNATURE:

ABIGAIL S. GLASGOW
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 (407) 880-8356

CR2E034 (9/01)

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

DOCUMENT #

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1. Entity Name

GLASGOW & ASSOCIATES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

734 S. Central Avenue

Suite, Apt. #, etc.

Suite A

City & State

Apopka, FL

Zip

32703

Country

Orange, USA

3. Mailing Address

734 S. Central Avenue

Suite, Apt. #, etc.

Suite A

City & State

Apopka, FL

Zip

32703

Country

Orange USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0663435

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Abigail Glasgow

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

9 West Hammon Drive

Apopka

City

Apopka

FL

Zip Code

32703

**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 Abigail S. Glasgow

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

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 President
NAME Abigail Glasgow
STREET ADDRESS 9 W. Hammon Drive
CITY-ST-ZIP Apopka, FL 32703

TITLE VD
NAME Terry Brown
STREET ADDRESS 9 W. Hammon Drive
CITY-ST-ZIP Apopka, FL 32703

TITLE C
NAME Wayne Glasgow
STREET ADDRESS 11305 Spring Ct., Apt C
CITY-ST-ZIP Tampa, FL 33612

TITLE T
NAME Kacey Penn
STREET ADDRESS 11305 Spring Ct., Apt C
CITY-ST-ZIP Tampa, FL 33612

TITLE DD
NAME Kizzy Penn
STREET ADDRESS 11305 Spring Ct., Apt C
CITY-ST-ZIP Tampa, FL 33612

TITLE S
NAME Anita Richardson
STREET ADDRESS 5016 Elese Street
CITY-ST-ZIP Orlando, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date

Daytime Phone #

ATTACHMENT

4/26/02 (607) 880-8356