Apr 07 03 05:35p SLT/EAJ/MSW-CPAs

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May 01, 2003 8:00 am
Secretary of State
05-01-2003 90978 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80103432

DOCUMENT # P01000117632

1. Entity Name
GLENCO FURNITURE MANUFACTURING, INC.

Principal Place of Business	Mailing Address
1140 17TH PLACE VERO BEACH, FL 32960	1140 17TH PLACE VERO BEACH, FL 32960

2. Principal Place of Business	3. Mailing Address
1020 11TH PLACE	1020 11TH PLACE
Suite, Apt. #, etc. UNIT 4	Suite, Apt. #, etc. UNIT 4
City & State VERO BEACH, FL	City & State VERO BEACH FL
Zip 32960 Country	Zip 32960 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1159234 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, CONNIE
1140 17TH PLACE
VERO BEACH, FL 32960

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 a Late Fee of ... 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	PD ANDERSON, CONNIE 361 - 8TH COURT VERO BEACH, FL 32962	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANDERSON, CONNIE 361 8TH CT VERO BEACH, FL 32962	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILKES, CATHERINE 646 HONEYSUCLE LANE VERO BEACH, FL 32963	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Connie Anderson 04/25/03 772-978-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #