2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
04-29-2003 90066 049 ***150.00

DOCUMENT # P02000009288

1. Entity Name
GLEMANN & ASSOCIATES, P.A.

55043945

Principal Place of Business	Mailing Address
1122 3RD STREET SUITE 3 NEPTUNE BEACH FL 32266	1122 3RD STREET SUITE 3 NEPTUNE BEACH FL 32266

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1351 13th Ave South	Same
Suite, Apt. #, etc.: Suite 140	Suite, Apt. #, etc.:
City & State: Jacksonville Beach, Fl	City & State:
Zip: 32250 Country:	Zip: Country:

4. FEI Number: 30 0034958 ☐ Applied For ☐ Not Applicable

~~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
GLEMANN, RICHARD P 1122 3RD STREET SUITE 3 NEPTUNE BEACH FL 32266	Name: Richard P. Glemann Street Address (P.O. Box Number is Not Acceptable): 1351 13th Ave South Suite 140 City: Jacksonville Beach FL Zip Code: 32250

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 x Richard P. Gl[illegible] 4/28/03
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	D ZHANG, YIXING 1122 3RD STREET SUITE 3 NEPTUNE BEACH FL 32266 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLEMANN, RICHARD P 1122 3RD STREET SUITE 3 NEPTUNE BEACH FL 32266 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: x SIGNATURE REQUIRED [signed: Richard P. Gl...] 4/28/03 904 247-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #