

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90140 045 ***150.00

DOCUMENT # P02000037977

1. Entity Name
GLIDDEN PAINTING, INC.



Principal Place of Business
1140 SADDLEBACK RIDGE RD
APOPKA FL 32703

Mailing Address
1140 SADDLEBACK RIDGE RD
APOPKA FL 32703

2. Principal Place of Business
7912 Empire Ave
Suite, Apt. #, etc.

3. Mailing Address
7912 Empire Ave
Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip 32810 **Country** USA

Zip 32810 **Country** USA

4. FEI Number
74-3036640

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC.
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name Richard Glidden
Street Address (P.O. Box Number is Not Acceptable)
7912 Empire Ave
City Orlando **FL** **Zip Code** 32810

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 *Richard Glidden President* *Richard Glidden*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-14-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GLIDDEN, RICHARD
STREET ADDRESS 1140 SADDLEBACK RIDGE RD
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME GLIDDEN, SCOTT
STREET ADDRESS 2374 PARTNERSHIP HILLS DR
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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: *Richard Glidden* *Richard Glidden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03
Date

Daytime Phone #

CR2E034 (10/02)