

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90085 021 ***150.00

DOCUMENT # P02000116427

1. Entity Name
WHITNEY C. GLASER, P.A.



Principal Place of Business
5005 PALM AIRE DR
SARASOTA FL 34243

Mailing Address
P O BOX 51087
SARASOTA FL 34232

2. Principal Place of Business
2014 Fourth St
Suite, Apt. #, etc.

3. Mailing Address
2014 Fourth St
Suite, Apt. #, etc.

City & State
Sarasota FL

City & State
Sarasota FL

Zip 34237 **Country** USA

Zip 34237 **Country** USA

4. FEI Number
51-0433890

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

GLASER, WHITNEY C
5005 PALM AIRE DR
SARASOTA FL 34243

Name
Street Address (P.O. Box Number is Not Acceptable)
2014 Fourth St
City Sarasota **FL** **Zip Code** 34237

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 *Whitney C. Glaser* **1-10-03**
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 President
NAME Whitney C Glaser ☐ Delete
STREET ADDRESS 5005 Palm Aire Dr
CITY-ST-ZIP Sarasota FL 34243

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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: *Whitney C. Glaser* **1/10/03** **941 362 1881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)