

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90075 040 ***150.00

DOCUMENT # P02000118631

1. Entity Name
RON GLASBRENNER LAND CLEARING, INC.



Principal Place of Business
**12032 BALI AVENUE
NEW PORT RICHEY FL 34654
US**

Mailing Address
**12032 BALI AVENUE
NEW PORT RICHEY FL 34654
US**



2. Principal Place of Business
12032 Bali Ave
Suite, Apt. #, etc.

3. Mailing Address
12032 Bali Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
New Port Richey, FL
Zip
34654
Country
Pasco

City & State
New Port Richey, FL
Zip
34654
Country
Pasco

4. FEI Number
06-1657883

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TORRENCE, ALFRED W JR.
6645 RIDGE ROAD
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

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

City
FL Zip Code

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 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, D
GLASBRENNER, RON
12032 BALI AVENUE
NEW PORT RICHEY FL 34654** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S, T
GLASBRENNER, VICKI
12032 BALI AVENUE
NEW PORT RICHEY FL 34654** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**add VP to S, T
Victoria Glasbrenner** ☒ Change ☐ Addition
change to proper name

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, D
Ronald Glasbrenner** ☒ Change ☐ Addition
change to proper name

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

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

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

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

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: **Ronald Glasbrenner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-03 727-856-2206
Date Daytime Phone #

CR2E034 (10/02)