

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91362 026 ***150.00

DOCUMENT # P02000124302

1. Entity Name
GLOCCA MORRA ENTERPRISE INC.



Principal Place of Business
**1551 FLAMINGO CT
HOMESTEAD, FL 33035**

Mailing Address
**P O BOX 900625
HOMESTEAD, FL 33090**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

35-2188193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, ELLEN
1551 FLAMINGO CT
HOMESTEAD, FL 33035**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

B. 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	PT	<input type="checkbox"/> Delete
NAME	JONES, ELLEN	
STREET ADDRESS	1551 FLAMINGO CT	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'BRIEN, DANIEL A	
STREET ADDRESS	1551 FLAMINGO CT	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, President, Jr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Ellen	
STREET ADDRESS	1551 Flamingo Ct	
CITY-ST-ZIP	Homestead, FL 33035	
TITLE	O'Brien, Daniel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P O Box 900625	
STREET ADDRESS	Homestead, FL 33090	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 305-258-7273
Date Daytime Phone #

CR2E034 (10/02)