

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **002000126041**

1. Entity Name

Glenn CO. IND. INC.



FILED

03 APR 30 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

430 E. Packwood Ave.

Suite, Apt. #, etc.

Apt # D101

City & State

Maitland, FLA.

Zip

32751

Country

U.S.A.

3. Mailing Address

430 E. Packwood Ave.

Suite, Apt. #, etc.

Apt # D101

City & State

Maitland, FLA.

Zip

32751

Country

USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3729898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Steven G. Zaslav

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

430 E. Packwood Ave. Apt # D101

City

Maitland

FL

Zip Code

32751

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PSTD.
NAME	Steven G. Zaslav
STREET ADDRESS	430 E. Packwood Ave. Apt D101
CITY-ST-ZIP	Maitland, FLA. 32751
TITLE	
NAME	
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NAME	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven G. Zaslav
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003
Date

(407) 599-5054
Daytime Phone #

CR2E034B (12/02)