Amended

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-26-2003 90141 021 ****61.25
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P02000133628

1. Entity Name
GLENCOE FINANCE, INC.

Principal Place of Business	Mailing Address
24 S. ORANGE AVENUE ORLANDO, FL 32801	24 S. ORANGE AVENUE ORLANDO, FL 32801

2. Principal Place of Business	3. Mailing Address
6745 N. Myaka Ave	6745 N. Myaka Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crystal River, FL	City & State: Crystal River, FL
Zip: 34428 / Country: Citrus	Zip: 34428 / Country: Citrus

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 16-1644860 — 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
ESTES, THEODORE D 24 S. ORANGE AVENUE ORLANDO, FL 32801	Name: JOAN M. GERRITS Street Address (P.O. Box Number is Not Acceptable): 6745 N. MYAKA AVE City: CRYSTAL RIVER FL Zip Code: 34428

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: Joan M Gerrits — 3/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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 NAME STREET ADDRESS CITY-ST-ZIP	OD ESTES, THEODORE D 24 S. ORANGE AVENUE ORLANDO, FL 32801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD JOAN M Gerrits 6745 N Myaka Ave Crystal River, FL 34428 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Joan M Gerrits — 3/24/03 — 352-795-2786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

3/31/03