

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000078616
1. Entity Name
FRANCIS GLYNN JR STANDARD INSPECTOR INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7034 BOWDEN CIR S Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State
Zip 32216	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1201652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name GLYNN, FRANCIS JR.	
Street Address (P.O. Box Number is Not Acceptable) 7034 BOWDEN CIR S	
City JACKSONVILLE	State FL
	Zip Code 32216

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

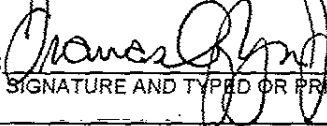
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE D	NAME GLYNN, FRANCIS JR.	TITLE	NAME U00000146751
STREET ADDRESS 7034 BOWDEN CIR S	CITY-ST-ZIP JACKSONVILLE, FL 32216	STREET ADDRESS	CITY-ST-ZIP 05/03/04-80079-014 150.00
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	DO NOT WRITE IN THIS SPACE
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	

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:  FRANCIS GLYNN, JR. **4/16/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** Daytime Phone #