

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90098 002 \*\*\*150.00

DOCUMENT # P32721

1. Entity Name

CENTRAL GLASGOW CORPORATION

Principal Place of Business

73 SEASCAPE CIRCLE  
ST. AUGUSTINE FL 32084  
US

Mailing Address

1093 HWY A1A BCH BLVD  
PMB 379  
ST. AUGUSTINE FL 32084  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32080

Country

Zip

32080

Country

4. FEI Number 61-0609682

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

SORENSEN, ROBERT C.  
73 SEASCAPE CIRCLE  
ST. AUGUSTINE FL 32084

Name

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

City

FL

Zip Code

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.

SIGNATURE *Robert Sorenson as President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
PCD  
SORENSEN, ROBERT C.  
STREET ADDRESS 1093 A1A BEACH BLVD, PMB 379  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE NAME ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP St. Augustine, FL 32080

TITLE NAME ☐ Delete  
VSD  
SORENSEN, SANDRA F.  
STREET ADDRESS 1093 A1A BEACH BLVD, PMB 379  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE NAME ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP St. Augustine, FL 32080

TITLE NAME ☐ Delete  
TD  
CRABTREE, DONALD R.  
STREET ADDRESS 132 ANGELA COURT  
CITY-ST-ZIP GLASGOW KY

TITLE NAME ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Glasgow, KY 42141

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Robert Sorenson* Robert Sorenson

Date

4/10/01

Daytime Phone #

904-471-9932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

as President

CR2E034 (10/00)