

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90070 024 \*\*\*150.00

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**DOCUMENT # P93000000088**

1. Entity Name  
**GLAZE ASSOCIATES, INC.**



Principal Place of Business  
1334 TIMBERLANE ROAD  
9  
TALLAHASSEE FL 32312  
US

Mailing Address  
1334 TIMBERLANE ROAD  
9  
TALLAHASSEE FL 32312  
US



2. Principal Place of Business

**3792 E. MILLERS BRIDGE CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address

**3792 E. MILLERS BRIDGE CIRCLE**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3157517**

Applied For  
Not Applicable

Zip Country

*(no change)*

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GLAZE, RICHARD S**  
**1334 TIMBERLANE ROAD**  
**SUITE 9**  
**TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3792 E. MILLERS BRIDGE CIRCLE**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard S. Glaze*  
Signature, typed or printed name of registered agent and title if applicable.

**RICHARD S. GLAZE**  
**PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**4/26/03**  
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 **DP** ☐ Delete  
NAME **GLAZE, RICHARD S**  
STREET ADDRESS **1334 TIMBERLANE RD #9**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DS** ☐ Delete  
NAME **GLAZE, LINDA**  
STREET ADDRESS **1334 TIMBERLANE ROAD #9**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **3792 E. MILLERS BRIDGE CIRCLE**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **3792 E. MILLERS BRIDGE CIRCLE**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: *Richard S. Glaze*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/03** **(850) 893-0818**  
Date Daytime Phone #

CR2E034 (10/02)