1. Entity Name GLENCREST PROPERTIES, INC. O3 FEB 27 PH 12:146 Principal Place of Business 34 WINSFORD CT. HEATHROW FL 32746 US 2. Principal Place of Business 3. Mailing Address 3. Mailing Address 4. FEI Number 59-3192857 DD NOT WRITE IN THIS SPACE City & State City & State City & State City & State 4. FEI Number 59-3192857 Not Applied For Not A	2002	2 UNIFUNI	DUSIN	IE33 NEPU		IODU	<u>'</u>					
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Zip County Zip County S. Certificator of Status Desired Seath Additional Pace Properties 6. Name and Address of Current Registered Agent PALOMBI, LAWRENCE M 394 WINSFORD CT HEATHROW FI, 32746 Signary Agents agent or time f surfaces of County Fig. 2 (ACT) Figures Agent alignment or progened agent and time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agents Agent agent or time f surfaces (P.O. Sick Number is Not Acceptable) Signary Agents Agents Agents (P.O. Sick Number is Not Acceptable) Signary Agents Agents Agents (P.O. Sick Number is Not Acceptable) Signary Agents Agents (P.O. Sick Number is Not Acceptable) Agent Ministry Agents (P.O. Sick Number is Not Acceptable) Agent Ministry Agents (P.O. Sick Number is Not Acceptable) Signary Agents (P.O. Sick Number is Not Acceptable) Agent Agents Agents (P.O. Sick Number is Not Acceptable) Agent Agents (P.O. Sick Number is Not Accept	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
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PALOMBI, LAWRENCE M 394 WINSFORD CT HEATHROW FL 32746 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. \$\frac{1}{2}\text{City} \text{FL} \text{Zup 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. \$\frac{1}{2}\text{City floridary institution of the Engineers of Registered agent, or both, in the State of Florida. \$\frac{1}{2}\text{City floridary institution of Politics and State in springston.} \text{CNTE. Registered Agent of greater evalued when receitables} \text{DNTE.} \\ 9.\text{This corporation is eligible to saisfy its Imangble Tax flory (requirement and elects to do so. \text{After May 1, 2002 Fee will be \$550.00 \\ After May 1, 2002 Fee will be \$550.00 \\ After May 1, 2002 Fee will be \$550.00 \\ After May 1, 2002 Fee will be \$550.00 \\ After May 1, 2002 Fee will be \$550.00 \\ After May 1, 2002 Fee will be \$550.00 \\ After May 1, 2002 Fee will be \$550.00 \\ After May 1, 2002 Fee will be \$550.00 \\ After May 1, 2002 Fee will be \$550.00 \\ After MARCHARD PICTURE ADDRESS OFFICERS AND DIRECTORS IN 11 THE NAME \$34 WINSFORD CT. \text{City S-72P} \text{City S-72P} \text{City S-72P} \text{City S-72P} \q		6. Name and Address	of Current Req	pistered Agent		Name	7	. Name and	Address of No	w Registered	d Agent	
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		certify that the information	sunnlied with thi	s filing does not qualify fo			ed in Section	on 119 07(3)	(i) Florida Stati	ites. I further o	ertify that the	information

Thereby certify that the information supplied with this filling does not quality for the exemptor is supplied with this filling does not quality for the exemptor or supplied with this filling does not quality for the exemptor or supplied with 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.

GNATURE:

GNATURE:

Description of the corporation of 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:

407-333-3530 Daytime Phone #