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

Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90239 006 ***150.00

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DOCUMENT #	P93	0000	48080

1. Entity Name



Glenrand Corporation								
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	lace of Business N W 5/8+ Place	3. Mailing Address	ist Piace	# J. J. J. 75	•			
2625 Sylite, Apt.	#, etc.	2625 N.W. 5 1st Place		_	DO NOT WRITE IN THIS SPACE			
City & State	arilyn Webb	Go Marilyn Webb		4. FE	l Number	 ,	Applied For	
Tam	iarae FL	Tamarac +L			65-0423395 Not Applicable			
333	09 U.S.A.	^{Zip} 33369	Country U.S.A.			\$8.75 Additional Fee Required		
			Name 🥆 .	7. Nam	7. Name and Address of Current Registered Agent			
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IN THIS SPACE					W. 51st Pla	ce		
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• The obeyo	named entity submits this statement for	the purpose of changing its re		Qun av	a C		33309	
	ions of registered agent.	C 1 1	rgistered office of re	gistered ager	i, or both, in the state of honor	a. i am iamina	with, and accept	
SIGNATURE :	Marchen Marine of registered agent a	nd little if applicable. (NOTE: F	registered Agent signature re	equired when reins	tatıng)	DATE		
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State			Election Campaign Finance Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	o te processor de la companya de la	enter la distribuir contin des	n, e w "prægnoffi på det n	alientific termina i nation (i maininti	Matheway and the same		
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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: NTED NAME OF SIGNING OFFICER OR DIRECTOR