2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State
01-29-2002 90016 023 ***150.00

DOCUMENT # P94000014249

1. Entity Name
JOHN GLASSMAN, P.A.

Principal Place of Business	Mailing Address
504 N BAYLEN STREET PENSACOLA FL 32501	504 N BAYLEN STREET PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1127 N. Palafox ST	1127 N. Palafox ST
Suite, Apt. #, etc. PENSACOLA Fl	Suite, Apt. #, etc. PENSACOLA FL
City & State 32501 USA	City & State 32501 USA
Zip / Country	Zip / Country

4. FEI Number 59-3232350 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLASSMAN, JOHN
504 N BAYLEN STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name GLASSMAN, JOHN
Street Address (P.O. Box Number is Not Acceptable) 1127 N. Palafox St.
City PENSACOLA, Fl FL Zip Code 32501

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 [signature] JOHN GLASSMAN 1-11-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	DPS GLASSMAN, JOHN 504 N BAYLEN STREET PENSACOLA FL 32501 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GLASSMAN John 1127 N. Palafox ST PENSACOLA FL 32501 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] SIGNATURE REQUIRED 1-11-02 (850) 434-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)