2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027904

1. Entity Name

GLENNAIR, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90077 030 ***150.00

Principal Place of Business	Mailing Address
10 BUNTING DRIVE KEY LARGO FL 33037-3003	10 BUNTING DRIVE KEY LARGO FL 33037-3003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
31 BLACKWATER LANE	31 BLACKWATER LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Largo FL	City & State: KEY LARGO FL
Zip: 33037 Country:	Zip: 33037 Country:

4. FEI Number 65-0482533 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, GLENN A
10 BUNTING DRIVE
KEY LARGO FL 33037-3003

7. Name and Address of New Registered Agent

Name

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

City Key LARGO **FL** Zip Code 33037

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] 4/12/00
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, 2000 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	P RILEY, GLENN A 10 BUNTING DRIVE KEY LARGO FL 33037-3003 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 31 BLACKWATER LANE KEY LARGO FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 4/12/00 451-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #