FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P94000093415 GLENN SERVICES, INC. 01-18-2000 90169 004 ***158.75 Mailing Address Principal Place of Business 2422 10TH ST CT E 2422 10TH ST CT E **ELLENTON FL 34202-9486** APT. NO. 1804 C0005097 **ELLENTON FL 34222** 2. Principal Place of Business 3. Mailing Address 3708 Lena 3708 Lena Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0544210 Not Applicable Bradenton *Krade*nton Country Country \$8.75 Additional 5. Certificate of Status Desired Manatee Manatcz. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent This is incorrect - it's "Glenn SAME AGENT - just corrected last name GIBSON, HOLLY A Street Address (P.O. Box Number is Not Acceptable) Not sure where 11903 UPPER MANATEE RIVER ROAD **BRADENTON FL 34202** Gibsun came from. Address is correct Zip Code City thank≤ 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 ited when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Delete TITLE NAME GLENN, KIM J STREET ADDRESS STREET ADDRESS 11903 UPPER MANATEE RIVER RD CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Addition TITLE Change ST ☐ Delete TITLE GLENN, HOLLY A NAME NAME STREET ADDRESS STREET ADDRESS 11903 UPPER MANATEE RIVER ROAD CITY-ST-ZIP CITY-ST-ZIF **BRADENTON FL 34202** ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: