2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400093415 1. Entity Name GLENN SERVICES, INC.					Secretary of State 01-30-2002 90057 025 ***158.75				
Principal Place of Business 3506 81ST COURT EAST BRADENTON FL 34202 US		Mailing Address 3506 81ST COURT EAST BRADENTON FL 34202 US	3506 81ST COURT EAST BRADENTON FL 34202						
Principal Place of Business 3. Mailing Address						i i i i i i i i i i i i i i i i i i i	USIN Unite inion sini dinon	6 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State NEW Zip Code only		City & State MCW Zip only	new zip only		4. FEI Number Applied For Not Applicable				
34211-	l Country	34211-8417	Country		ertificate of Sta		\$8.75 Add Fee Require		
<u> </u>	6. Name and Address of Cu	rrent Registered Agent	Name	-7. Na	ame and Add:	ess of New Regi	stered Agent		
GLENN, HOLLY A 11903 UPPER MANATEE RIVER ROAD BRADENTON FL 34202			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
			City	ρεω ziρ City FL Zip Code 344 J.L					
O The shave	and antifus uponite this statem	ent for the purpose of changing its	rogistered office or regi	istored and	int or both in t	he State of Florid		/2	
SIGNATURE			: Registered Agent signature rec				DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After May 1, 2002 Fe Make Check Payable to						Campaign Finance and Contribution.		O May Be to Fees	
11.		AND DIRECTORS	12.	ADI	DITIONS/CHAI	NGES TO OFFICE	RS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Glenn, Kim J 11903 Upper Manatee R Bradenton Fl 34202	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	New X	in code	34212	G√ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLENN, HOLLY A 11903 UPPER MANATEE R BRADENTON FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	34212	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 CHY-ST-ZIP		uu-		☐ 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	
indicated of the cor	on this report or supplemental re poration or the receiver or trustee	ed with this filing does not qualify for port is true and accurate and that re empowered to execute this report ress, with all other like empowered.	ny signature shall have t	the same le	egal effect as i	l made under oath	n: that I am an officer	or director 1	

SIGNATURE: