

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90182 019 ***158.75

DOCUMENT # *P94000093415*

1. Entity Name

Glenn Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11903 Upper Manatee River Road

3. Mailing Address

11903 Upper Manatee River Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-054-6210

Applied For

Not Applicable

Zip

Country

34212

Manatee

Zip

Country

34212

Manatee

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Holly A. Glenn

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

11903 Upper Manatee River Road

City

Bradenton

FL

Zip Code

34212

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *Pres.*
NAME *Kim J. Glenn*
STREET ADDRESS *11903 Upper Manatee River Road*
CITY-ST-ZIP *Bradenton, FL 34212*

TITLE *V.P.*
NAME *Holly A. Glenn*
STREET ADDRESS *11903 Upper Manatee River Road*
CITY-ST-ZIP *Bradenton, FL 34212*

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**DO NOT WRITE
IN THIS SPACE**

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:

Holly A. Glenn *Holly A. Glenn V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03

Date

(941) 750-6586

Daytime Phone #

CR2E034B (12/02)