

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90091 039 ***150.00

DOCUMENT # **P95000063558**

1. Entity Name

Independence Management, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2400 E. Las Olas Blvd.

3. Mailing Address

40 Gregg Peard (Peard)

Suite, Apt. #, etc.

PMB 312

Suite, Apt. #, etc.

2007 81st St NW

City & State

Ft. Lauderdale FL

City & State

Bradenton, FL

Zip

33301

Country

USA

Zip

34209

Country

USA

4. FEI Number

65-0642216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Susan B. Glass*

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

2400 E. Las Olas Blvd.

PMB 312

City *Ft. Lauderdale*

FL

Zip Code

33301

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	<i>P/D</i>
NAME	<i>Susan B. Glass</i>
STREET ADDRESS	<i>2400 E. Las Olas Blvd. PMB 312</i>
CITY-ST-ZIP	<i>Ft. Lauderdale, FL 33301</i>
TITLE	<i>S/O</i>
NAME	<i>David M. Glass</i>
STREET ADDRESS	<i>same address</i>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan B. Glass* *Susan B. Glass*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 *954-243-6882*

Date

Daytime Phone #

CR2E034B (12/01)