FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 21, 2002 8:00 am Secretary of State DOCUMENT # P95000066560 1. Entity Name 04-21-2002 90908 021 ***150.00 GLASCO, INC. Principal Place of Business Mailing Address 1752 COUNTRY CLUB DRIVE 1752 COUNTRY CLUB DRIVE JITUSVILLE FL 32780 TITUSVILLE FL 32700 2. Principal Place of Business Mailing Address Post Of Box 730 2910 Garden Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For tusville 59-3332819 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEHAYEB, DONNA Street Address (P.O. Box Number is Not Acceptable) 1752 COUNTRY CLUB DRIVE TITUSVILLE FL 32780 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) Change TITLE **PSD** TITLE Delete ☐ Addition NAME HATOUM, LELA S NAME 2199 Birdie Eagle Drive STREET ADDRESS STREET ADDRESS 2001 MEYERS DRIVE Titusville, FL 32796 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Defete TITLE ☐ Addition NAME NAME CHEHAYEB, DONNA Garden St, Suite 2 STREET ADDRESS 1752 COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTUSVILLE FL-32780 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Unchayel

29/02 (321) 26442

Daytime Phone #