2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P9600000415 GLORIA RECTOR VESSEL DOCUMENTATION, INC. 04-26-2001 90104 041 ***150.00 Principal Place of Business Mailing Address 3355 BEARSS AVE 3355 BEARSS AVE TAMPA FL 33618 SUITE ONE TAMPA FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3355953 Not Applicable Zip 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 SANDERS, WALTER Street Address (P.O. Box Number is Not Acceptable) 3355 BEARSS AVE **TAMPA FL 33618** Zip Code 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PST** SEC TREMURUL TITLE Delete TOBLE BEMLE, JOHN E NAME BEALE, JANE NAME 1315 VALLEY HILL EAST STREET ADDRESS 1315 VALLEY HILL AND SANT STREET ADDRESS CITY-ST ZIP CITY-ST-7IP LAKELAND FL 33813 LAKELAND FL 33813 TITLE **Delete** TITLE HUDSON, MARGUERITE NAME NAME STREET ADDRESS 1315 VALLEY HILL DRIVE STREE! ADDRESS CITY-ST-ZIP CITY-ST-7:P LAKELAND FL 33813 TITLE Delete TITLE Change Addition NAME NAME VACLEY HALLAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DITTE ☐ Delete THUE [] Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addit on NAME NAME \$18-ELADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to effect 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR