**FILED** 

Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90154 040 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P96000000415 DOCUMENT #

1. Entity Name

GLORIA RECTOR VESSEL DOCUMENTATION, INC.

Principal Place of Business 3355 BEARSS AVE TAMPA FL 33618 US		Mailing Address 3355 BEARSS AVE SUITE ONE TAMPA FL 33618 US			_					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State					4. FEI Number 59-3355953 Applied For Not Applied For			
Zip	Country	Zip		Count	try		5. Certificate of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Regis			istered Agent			7. Name and Address of New Registered Agent				
The state of the s					Name		<del></del>			
	S, WALTER ARSS AVE				Street Address (P.O. Box Number is Not Acceptable)					
,	FL 33618									
			City			•		FL Zip Coo	le	
SIGNATURE .	ions of registered agent.  Signature, typed or partied name of registered agent  ILE NOW!!! FEE IS \$150.00	and title if applicable	<i>Va /†en</i> (NOTE:	5a Registered	nde/ d Agent signatu	re required	when reinstating)	18/03		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of		State				9. Election Campaign Financ Trust Fund Contribution.		9 <b>\$5.00</b> May Be Added to Fees		
10.	OFFICERS AND	DIRECTORS		11.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME	PST BEALE, JANE		☐ Delete	TITLE		VP Kris	STI M. FIELDS	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1315 VALLEY HILL EAST LAKELAND FL 33813				ET ADDRESS -ST-ZIP		OI VALLEY HILL DR. KELAND, FL 33813			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BEALE, JOHN E 1315 VALLEY HILL EAST LAKELAND FL 33813		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUDSON, MORGUERITE T 1315 VALLEY HILL E LAKELAND FL 33813	<del></del>	Delete					_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		4			☐ Change	☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Change

☐ Change

☐ Addition

☐ Addition