## 2002 Uniform Business Report (UBR)

## Apr 17, 2002 8:00 am Secretary of State P97000057023 DOCUMENT # 1. Entity Name 04-17-2002 90128 025 \*\*\*150.00 GLENCROSS, INC. Principal Place of Business Mailing Address 322 ELIZABETH ST. 322 ELIZABETH ST. KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0776008 Not Applicable Country Zip Country Zip \$8,75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOHRMAN, DARRYL Street Address (P.O. Box Number is Not Acceptable) 322 ELIZABETH STREET KEY WEST FL 33040 City Zip Code uppose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE d agep and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 FOHRMAN, DARRYL NAME NAME STREET ADDRESS 322 ELIZABETH STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME FOHRMAN, DARRYL STREET ADDRESS STREET ADDRESS 322 ELIZABETH STREET CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE -- Delete TITLE --☐ Change - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information sy pplied with this filled 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 supplement of the corporation or the receiver of d accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director o execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment w

rustee