

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

0510890 AV

**DOCUMENT # P97000062212**

1. Entity Name  
**GLORY WAY PLAZA, INCORPORATED**

04-15-2002 90038 010 \*\*\*150.00

Principal Place of Business  
**1510 18TH ST EAST**  
**1510**  
**BRADENTON FL 34208**  
**US**

Mailing Address  
**1510 18TH ST EAST**  
**1510**  
**BRADENTON FL 34208**  
**US**



2. Principal Place of Business  
**620-630**

3. Mailing Address  
**9th Ave west**

City & State  
**Bradenton FL**

City & State  
**Bradenton FL**

4. FEI Number **NOT APPLICABLE** Applied For  
 Not Applicable

Zip **34208** Country **USA**

Zip **34208** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LEE, RICHARD V**  
**240 N WASHINGTON BLVD**  
**SUITE 200**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.

SIGNATURE \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARNES, DAPHNEY</b> <b>1510 18TH ST EAST</b> <b>BRADENTON FL 34208</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNES, JOHNNY</b> <b>1510 18TH ST EAST</b> <b>BRADENTON FL 34208</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>VALERIE SEYMOUR</b> <b>815 HARBOUR HOUSE TOWERS</b> <b>FREEPORT, BAHAMAS</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ANITA BAIN</b> <b>31 YORK AVE</b> <b>NASSAU BAHAMAS</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNES, JOHNNY C</b> <b>1831 13TH AVE E #221</b> <b>BRADENTON FL 34208</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kevin Seymour</b> <b>815 Harbour House Towers</b> <b>Freeport Bahamas</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Johnny C Barnes</b> <b>1510 18th St East</b> <b>Bradenton FL 34208</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director Barnes</b> <b>Daphney Barnes</b> <b>1510 18th St East</b> <b>Bradenton FL 34208</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-6-02** **(941) 747-0240**  
 Date Daytime Phone #

CR2E034 (9/01)