

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90250 011 \*\*\*150.00

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**DOCUMENT # P97000062212**

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



Principal Place of Business  
**620-630  
9TH AVE WEST  
BRADENTON FL 34208  
US**

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



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES  
**# 59-3456422**

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNES, DAPHNEY</b> <b>1510 18TH ST EAST</b> <b>BRADENTON FL 34208</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARNES, JOHNNY</b> <b>1510 18TH ST EAST</b> <b>BRADENTON FL 34208</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>VALERIE SEYMOUR</b> <b>815 HARBOUR HOUSE TOWERS</b> <b>FREEPORT, BAHAMAS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ANITA BAIN</b> <b>31 YORK AVE</b> <b>NASSAU BAHAMAS</b>
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>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SEYMOUR, KEVIN</b> <b>815 HARBOUR HOUSE TOWERS</b> <b>FREEPORT, BAHAMAS</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Barnes Daphney</b> <b>1510 18th St East</b> <b>Bradenton FL 34208</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Seymour, Kevin</b> <b>815 Harbour House Towers</b> <b>Freeport, Bahamas</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

**SIGNATURE:** *Seymour* **SIGNATURE REQUIRED** *Daphney S. Barnes* **4-10-03** **441 147-0242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRPE034 (10/02)