FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am DOCUMENT # P97000086744 **Secretary of State** 1. Entity Name GLIDES & CASTERS, INC. 03-15-2001 90179 031 ***150.00 Principal Place of Business Mailing Address 11911 US HIGHWAY #1 11911 US HIGHWAY #1 ひいせるまんんひ SUITE 201 SUITE 201 N PALM BEACH FL 33408 N PALM BEACH FL 33408 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 65-0786770 Not Applicable Zip Country Country Zìp \$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 GREEN, RICHARD B Street Address (P.O. Box Number is Not Acceptable) 11911 US HWY #1 STE 201 N PALM BCH FL 33408 City 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 Signature, typed or printed name of registered agent 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 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 PTD CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREEN, RICHARD B NAME NAME STREET ADDRESS STREET ADDRESS 11911 US HIGHWAY #1 CITY-ST-ZIP CITY-ST-ZIP N PALM BEACH FL 33408 TITLE ☐ Delete TITLE Change ☐ Addition GREEN, BAYLEE NAME NAME 11911 US HWY 1 STE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N PALM BCH FL 33408 ☐ Change ☐ Addition TITLE = == ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 ☐ Delete ☐ Change ☐ Addition TITLE TITI F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true ee phowered 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 as address, with all part of like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 (561)776-181