words PROFIT
CORPORATION
ANNUAL REPORT
1999 Amended

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 22 PM 12:03

DOCUMENT # P97000108420

1. Corporation Name
GL UNITED, INCORPORATED

Principal Place of Business	Mailing Address
11929 E. COLONIAL DR.,#316 ORLANDO FL 32826-4703	11929 E. COLONIAL DR.,#316 ORLANDO FL 32826-4703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business address change
21 860 Manchester Ave.
22 Suite, Apt. #, etc.
23 City & State: Oviedo, FL
24 Zip: 32765-8174 25 Country: USA

2a. Mailing Address address change
26 860 Manchester Ave.
27 Suite, Apt. #, etc.
28 City & State: Oviedo, FL
29 Zip: 32765-8174 30 Country: USA

3. Date Incorporated or Qualifed: 12/29/1997

4. FEI Number: 59-3479849 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No paid

9. Name and Address of Current Registered Agent

GRANT, PHYLLIS A
11929 E. COLONIAL DR.,#316
ORLANDO FL 32826-4703

10. Name and Address of New Registered Agent

81 Name: Grant, Phyllis A. (address change)
82 Street Address (P.O. Box Number is Not Acceptable): 860 Manchester Ave.
83
84 City: Oviedo, FL 85 Zip Code: 32765-8174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation s board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition address change
NAME	GRANT, PHYLLIS A	1.2 NAME	
STREET ADDRESS	11929 E. COLONIAL DR.,#316	1.3 STREET ADDRESS	860 Manchester Ave.
CITY-ST-ZIP	ORLANDO FL 32826-4703	1.4 CITY-ST-ZIP	Orlando, FL 32765-8174
TITLE	DVP XX DELETE	2.1 TITLE	delete Richard Leavitt ☐ Change ☐ Addition
NAME	LEAVITT, RICHARD D	2.2 NAME	
STREET ADDRESS	11929 E. COLONIAL DR.,#316	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826-4703	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	M Operations Manager MOM ☐ Change ☑ Addition
NAME		3.2 NAME	Crisp, Marcella D.
STREET ADDRESS		3.3 STREET ADDRESS	9308 Pine Meadows Ct.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32825
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	R000003033168--2
STREET ADDRESS		4.3 STREET ADDRESS	-11/02/99--01104--004
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	10/29
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis Ann Grant 10/22/99 407-359-1626 phone & fax