2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P98000011028

1. Entity Name
GLOWCO, INC.

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90900 048 ***150.00

10031153

Principal Place of Business
1020 PINETREE DR. #1
INDIAN HARBOR BEACH FL 32937

Mailing Address
1020 PINETREE DR. #1
INDIAN HARBOR BEACH FL 32937

New Address

2. Principal Place of Business
1371 Olde Bailey Lane
Suite, Apt. #, etc.

3. Mailing Address
1371 Olde Bailey Lane
Suite, Apt. #, etc.

X CHECK HERE IF MAKING CHANGES

City & State *West Melbourne Fla*   City & State *W. Melbourne Fla*

Zip *Brevard* *32904* Country *Brevard*

4. FEI Number **59-3494196**   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIBBS, VICTOR W 1020 PINETREE DR. #1 INDIAN HARBOR BEACH FL 32937	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
Signature, typed or printed name of registered agent and title if applicable.   (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

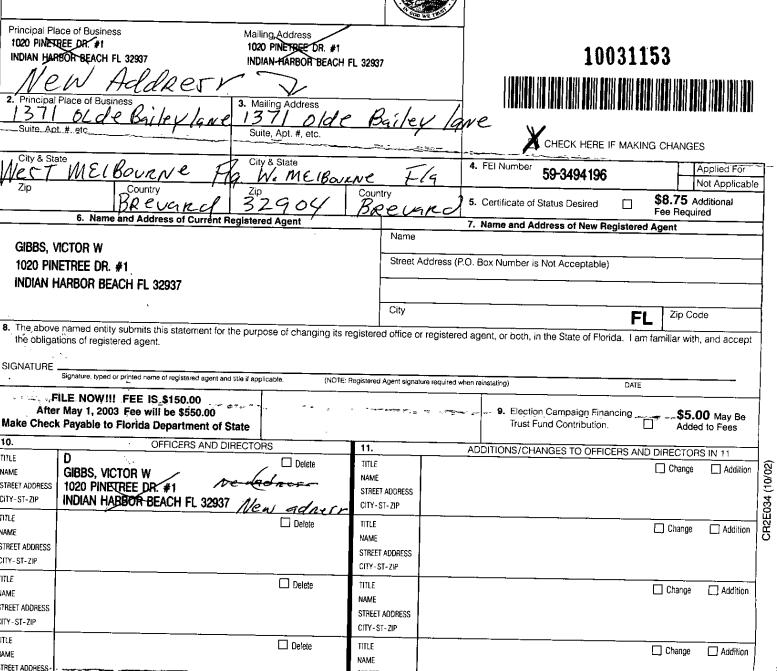9. Election Campaign Financing → **$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **D** NAME **GIBBS, VICTOR W** STREET ADDRESS **1020 PINETREE DR. #1** *New Address* CITY-ST-ZIP **INDIAN HARBOR BEACH FL 32937** *New Address*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E034 (10/02)

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: *(signature)*   2-26-03   321-779-055_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #