

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90147 026 ***150.00

DOCUMENT # P98000027276

1. Entity Name
GLENCO STORES III, INC.

Principal Place of Business
5365 N SOCRUM LOOP ROAD
LAKELAND FL 33809

Mailing Address
9023 GILBRALTER STREET
SPRING HILL FL 34608

2. Principal Place of Business
150 MARINER BLVD
 Suite, Apt. #, etc.

3. Mailing Address
150 MARINER BLVD
 Suite, Apt. #, etc.

City & State
Springhill, FL
Zip 34609
Country HERNANDO

City & State
Springhill, FL
Zip 34609
Country HERNANDO

4. FEI Number 59-3499975

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

OLELS, R. GLENN
5365 N SOCRUM LOOP ROAD
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name MARK ROSANDER
Street Address (P.O. Box Number is Not Acceptable) 150 MARINER BLVD
City Springhill, FL 34609 **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 *Christina Rosander • Mark Rosander* 3/11/02
 Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE ☒ **Delete**
NAME OLELS, R. GLENN
STREET ADDRESS 5365 N SOCRUM LOOP ROAD
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☐ **Delete**
NAME ROSANDER, MARK S
STREET ADDRESS 5365 N SOCRUM LOOP ROAD
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☐ **Delete**
NAME ROSANDER, CHRISTINA M
STREET ADDRESS 5365 N SOCRUM LOOP ROAD
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS 150 MARINER BLVD
CITY-ST-ZIP SPRINGHILL, FL 34609

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS 150 MARINER BLVD
CITY-ST-ZIP Springhill, FL 34609

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 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 *Mark Rosander* 3/11/02 352-688-1600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)