

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033450

1. Entity Name

GLASGOW FINANCIAL CO.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90118 023 ***150.00

Principal Place of Business

Mailing Address

9342 NW 53 CT.
SUNRISE FL 33351

9342 NW 53 CT.
SUNRISE FL 33351-7718

2. Principal Place of Business

3. Mailing Address

1040 S.W. 50th Ave.

1040 S.W. 50th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MARGATE, FL 33068

City & State
MARGATE, FL

Zip
33068

Country

33068

Country

4. FEI Number 65-0837039

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

CAPTAIN, ALAN
9342 NW 53 CT.
SUNRISE FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

1040 S.W. 50th Ave

City

MARGATE

FL

Zip Code

33068

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)

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
CAPTAIN, ALAN
9342 NW 53 CT.
SUNRISE FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1040 S.W. 50th Ave
MARGATE, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/00 954 975-8088

CR2E034 (9/99)