

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90467 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000049366

1. Entity Name
GLORY B. CORPORATION



90039057

Principal Place of Business
1221 S MC CALL RD
ENGLEWOOD, FL 34223

Mailing Address
1221 S MC CALL RD
ENGLEWOOD, FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0846362

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DICKINSON, ROBERT A
460 SOUTH INDIANA AVENUE
ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent

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 Agents (signature required when submitting))

DATE

FILE NOW! FEE IS \$150.00
ABOVE \$150.00 TO \$150.00
MAILED CHECK PAYABLE TO Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SHANK, JOHN B
2950 BEACH ROAD #B412
ENGLEWOOD, FL 34223**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHANK, GLORIA H
2950 N BEACH RD #B 412
ENGLEWOOD, FL 34223**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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

JOHN B SHANK

2/27/03

941-475-3763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)