

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90211 013 ***150.00

DOCUMENT # P99000007776

1. Entity Name

GLASSMAN EXPRESS, INC.

Principal Place of Business

**413 WHITFIELD DR.
 GOLDSBORO NC 27530**

Mailing Address

**413 WHITFIELD DR.
 GOLDSBORO NC 27530**

2. Principal Place of Business

949 COBBLESTONE DR

Suite, Apt. #, etc.

3. Mailing Address

949 COBBLESTONE DR

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip
32065

Country
US

Zip
32065

Country
US

4. FEI Number

58-2439633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MAIDEN, MICHAEL

10601-32 SAN JOSE BLVD.

JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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

10601-210 SAN JOSE BLVD

City
JACKSONVILLE

FL

Zip Code
32257

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, 2002 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

TITLE ☐ Delete
 NAME **DPS**
 STREET ADDRESS **MAIDEN, MICHAEL A**
 CITY-ST-ZIP **413 WHITFIELD DR.
 GOLDSBORO NC 27530**

TITLE ☐ Delete
 NAME **VPT**
 STREET ADDRESS **MAIDEN, MICHAEL A**
 CITY-ST-ZIP **413 WHITFIELD DR.
 GOLDSBORO NC 27530**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **949 COBBLESTONE DR**
 CITY-ST-ZIP **ORANGE PARK, FLORIDA 32065**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **949 COBBLESTONE DR**
 CITY-ST-ZIP **ORANGE PARK, FLORIDA 32065**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)