

# 2001 UNIFORM BUSINESS REPORT (UBR)

Pg 1 of 2

DOCUMENT # **PA000023686**

1. Entity Name  
**Glenn Underwater Services, Inc.**

**FILED**  
**Mar 12, 2001 8:00 A.**  
**Secretary of State**

Principal Place of Business  
**1970 EAST MAIN ST.**  
**SUITE 1**  
**Albemarle, NC 28001**

Mailing Address  
**same**

2. Principal Place of Business  
**1970 EAST MAIN ST.**

Suite, Apt. #, etc.  
**SUITE 1**

City & State  
**Albemarle, NC**

Zip  
**28001**

Country  
**USA**

3. Mailing Address  
**1970 East Main St.**

Suite, Apt. #, etc.  
**Suite 1**

City & State  
**Albemarle, NC**

Zip  
**28001**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0899566**

Applied For  
☒ Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~**Glenn Underwater Services, Inc.**~~  
~~**2440 S.W. Martin Downs Blvd #262**~~  
~~**Palm City, FL 34990**~~

**7. Name and Address of New Registered Agent**

Name **Ana H. Glenn**  
Street Address (P.O. Box Number is Not Acceptable) **1937 S.W. Mooring Dr.**  
City **Palm City** **FL** Zip Code **34990**

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, 2001 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P/D/C/M</b>
STREET ADDRESS	<b>RICHARD L. Glenn</b>
CITY-ST-ZIP	<b>24361 SAINT MARTIN RD</b>
	<b>Albemarle, NC. 28001</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V/T/S</b>
STREET ADDRESS	<b>Ana H. Glenn</b>
CITY-ST-ZIP	<b>24361 Saint Martin Rd.</b>
	<b>Albemarle, NC. 28001</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>200003890442</b>
STREET ADDRESS	<b>-03/21/01 -01052 -014</b>
CITY-ST-ZIP	<b>****308.75 ****308.75</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

**Richard L. Glenn** **3-8-01** **704 982-2711**

Date

Daytime Phone #

CR2E034 (11/00)



By [signature]

March 8, 2001

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref: Uniform Business Report

Dear Sir/Madam

We are requesting a waiver of the \$600.00 fee for corporate reinstatement. We did not receive a renewal form for the year 2000. Our offices moved before the first notices were mailed out. We are enclosing a check in the amount of \$300.00 for year's 2000 & 2001. I'm also including \$8.75 for a Certificate of Status.

Thank you for your assistance.

Best regards,

A handwritten signature in cursive script, appearing to read 'Ana H. Glenn', is written over the typed name.

Ana H. Glenn  
Vice President, General Manager