

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

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90143 018 \*\*\*150.00

DOCUMENT # P99000023686

1. Entity Name

Glenn Underwater Services, Inc

830733

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

759 S. Federal Hwy

3. Mailing Address

759 S. Federal Hwy

Suite, Apt. #, etc.

Suite 215

Suite, Apt. #, etc.

Suite 215

DO NOT WRITE IN THIS SPACE

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

105-0899566

Applied For

☒ Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lawrence E. Crary III

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

555 Colorado Avenue, Suite 1

City

Stuart,

FL

Zip Code

34994

**DO NOT WRITE  
IN THIS SPACE**

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

Lawrence E. Crary III

(NOTE: Registered Agent signature required when reinstating)

4/3/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/D/CLM  
RICHARD L. Glenn  
4700 SW BOAT RAMP AVE  
PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V/TIS  
Ana H. Glenn  
4700 SW BOAT RAMP AVE  
PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard L. Glenn 4-3-02 772 781-0688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)