

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90029 038 ***158.75

DOCUMENT # P99000063239

1. Entity Name

A GLIMPSE, INC.

Principal Place of Business

Mailing Address

**1831 OAK FOREST DRIVE
 CLEARWATER FL 33759**

**1831 OAK FOREST DRIVE
 CLEARWATER FL 33759**

2. Principal Place of Business

1831 OAK FOREST DRIVE SOUTH

3. Mailing Address

1831 OAK FOREST DR. SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3628439

Applied For

Not Applicable

Zip

38759

Country

USA

Zip

38759

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KINNEY, DARYN GARY
 1831 OAK FOREST DRIVE
 CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name **DARYN GARY KINNEY**
 Street Address (P.O. Box Number is Not Acceptable) **1831 OAK FOREST DRIVE SOUTH**
 City **CLEARWATER** FL Zip Code **33759**

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 **DARYN KINNEY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/00
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KINNEY, DARYN GARY	
STREET ADDRESS	311 6TH STREET N.	
CITY-ST-ZIP	SAFETY HARBOR FL 33695	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPURR, ROBERT THOMAS	
STREET ADDRESS	1831 OAK FOREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPURR, TERESA BARRETT	
STREET ADDRESS	1831 OAK FOREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33759	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	311 6TH ST NORTH APT #4	
CITY-ST-ZIP	SAFETY HARBOR FL 33695	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1831 OAK FOREST DRIVE SOUTH	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1831 OAK FOREST DRIVE SOUTH	
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 life empowered.

SIGNATURE: **DARYN KINNEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00
 DATE

727.799.1618 EXT. 601
 Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE