1. Entity Name 835 GLEM, INC.							Secretary of State 03-26-2001 90043 001 ***150.00				
Principal Plac	ce of Business	Mailing Address 801 A GATEPARK DRIVE									
DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114							D0028550				
2. Principal F	Place of Business	3. Mailing Address									
 Suite, Apt. 	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	е		City & State				4. FEI Number 59-3065686 Applied For Not Applicable				
Zip Country			Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Ac	Idress of Current Re		1			7. Name and A	ddress of New F	Registered A	gent	
HAMVAY, GEORGE 801 A GATEPARK DRIVE DAYTONA BEACH FL 32114					Name	Name Street Address (P.O. Box Number is Not Acceptable)					
					Street A	Address (P.C	J. Box Number	is Not Acceptabl	e)	····	-
					City FL					Zip Code	
8. The above	named entity submi	ts this statement for th	e purpose of changing its	s register	ed office o	r registered	agent, or both,	in the State of FI	orida.		
SJGNATURE.	Signature, typed or printed	name of registered agent and	title if applicable. (NOT	TE: Registere	d Agent signat	ture required wh	en reinstating)		DATE		
Tax filing r	oration is eligible to s requirement and elec ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Star			550.00	1	ion Campaign Fir Fund Contributio	· -		May Be	
11.		OFFICERS AND DIF	RECTORS	12,			ADDITIONS/CI	HANGES TO OFF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMVAY, GEORG 801 A GATEPARI DAYTONA BEAC	k drive	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAFER, JOHN 801 A GATEPARI DAYTONA BEAC		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		1	MVAY, Lesvie A GATEPARK DRIVE HONCL BECKEN FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Shafer, Canda 801 a gatepari Daytona Beaci	K DR	☐ Delete			2				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•3•		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ortify that the inform	ation cupolical with this	Delete	CITY-	ET ADDRESS -ST-ZIP	tod in Const	on 110.07/01/2	Elorido Chatras		☐ Change	Addition

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 fixe empowered.

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$55200