

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90297 007 ***158.75

DOCUMENT # S72985

1. Entity Name
TERRY GLOSSER, INC.

Principal Place of Business Mailing Address
~~3230 BERMUDA ISLE CIRCLE~~ ~~3230 BERMUDA ISLE CIRCLE~~
~~STE 1013~~ ~~STE 1013~~
~~NAPLES FL 34109~~ ~~NAPLES FL 34109~~
~~US~~ ~~US~~

2. Principal Place of Business 3. Mailing Address
1029 TIERRA LAGO WAY **1029 TIERRA LAGO WAY**
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
NAPLES, FL **NAPLES, FL.** **65-0286811** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34119 **COLLIER** **34119** **COLLIER**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

~~VOLPE, MICHAEL J.
4001 TAMAMI TR. NORTH
SUITE 330
NAPLES FL 33940~~

Name **Robert G. Menzies**
Street Address (P.O. Box Number is Not Acceptable) **850 Park Shore Drive**
Third Floor
City **Naples** FL Zip Code **34103**

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]* **Robert G. Menzies** DATE **2/17/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT S GLOSSER, TERRY 1825 SEVILLE BLVD NO811 NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GLOSSER, RENEE S. 1825 SEVILLE BLVD NO811 NAPLES FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **TERRY E. GLOSSER** Date **2-20-01** Daytime Phone # **941-354-5610**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)