

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90094 020 \*\*\*150.00

**DOCUMENT # S73572**

1. Entity Name  
**GLENFIELD INC.**

Principal Place of Business

Mailing Address

**801 JENKS AVE  
 SUITE D  
 PANAMA CITY FL 32401**

**801 JENKS AVE  
 SUITE D  
 PANAMA CITY FL 32401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**415 North Cove Blvd**  
 Suite, Apt. #, etc.

**415 North Cove Blvd**  
 Suite, Apt. #, etc.

City & State

City & State

**Panama City, FL**

**Panama City FL**

4. FEI Number

**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip  
**32401**

Country  
**Bay**

Zip  
**32401**

Country  
**Bay**

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAKEFIELD, S. CRAIG  
 920 W. EMMETT STREET  
 KISSIMMEE FL 34741**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.   
 (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>EANES, NANCY</b> <b>801 JENKS AVE SUITE D</b> <b>PANAMA CITY FL 32401</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>415 North Cove Blvd</b> <b>Panama City FL 32401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>EAMES, GORDON C.</b> <b>801 JENKS AVE SUITE D</b> <b>PANAMA CITY FL 32401</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>415 North Cove Blvd</b> <b>Panama City FL 32401</b>
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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

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:** Gordon L. Eanes *[Signature]* 4/15/01  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)