

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S86224**

1. Entity Name
GLE CONSTRUCTION SERVICES, INC.



**FILED
Feb 03, 2003 8:00 am
Secretary of State**

02-03-2003 90286 028 ***158.75

Principal Place of Business
**3109 W DR. MARTIN LUTHER KING JR. BLVD
STE 550
TAMPA FL 33607
US**

Mailing Address
**3109 W DR. MARTIN LUTHER KING JR. BLVD
STE 550
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3090624** Applied For
 Not Applicable

Zip _____

Zip _____

Country _____

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREENE, ROBERT B
1451 CHANNELSIDE DRIVE
STE #200
TAMPA FL 33605**

Name

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

3109 W. DR. MARTIN LUTHER KING JR. BLVD.

Suite 550

City **Tampa**

Zip Code **33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/29/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Delete
NAME **PTSD
GREENE, ROBERT B.**
STREET ADDRESS **3109 W DR MARTIN LUTHER KING JR.BLVD # 550**
CITY-ST-ZIP **TAMPA FL 33607**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03

Date

Daytime Phone #

CR2E034 (10/02)