

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91153 018 ***150.00

DOCUMENT # S93876

1. Entity Name
GLASGOW GROUP, INC.

Principal Place of Business

12850 WALSHINGHAM ROAD
 LARGO FL 33774
 US

Mailing Address

2817 WEST END AVE
 STE 126 #292
 NASHVILLE TN 37203
 US

2. Principal Place of Business

3. Mailing Address

C/O GULF TAX INC

Suite, Apt. #, etc.

PO BOX 682332

City & State

FRANKLIN TN

Zip

37068-2332

Country

Country

WILLIAMSON

DO NOT WRITE IN THIS SPACE



4. FEI Number

59-3108021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NEVADA HOLDINGS INC - BRIAN LIGHT
 6860 GULFPORT BLVD.
 SUITE 900
 S PASADENA FL 33707-2108

7. Name and Address of New Registered Agent

Name LIGHT, BRIAN - GULF TAX INC

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

8656 WELLINGTON LOOP

City

MISSIMISSAUGA

FL

Zip Code

34746

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
 NAME ANDERSON, DAVID C.
 STREET ADDRESS C/O 6860 GULFPORT BLVD., SUITE #900
 CITY-ST-ZIP ST. PETERSBURG FL

☐ Delete

TITLE DVP
 NAME ANDERSON, LORI D.
 STREET ADDRESS C/O 6860 GULFPORT BLVD., SUITE #900
 CITY-ST-ZIP ST. PETERSBURG FL

☐ Delete

TITLE S
 NAME LIGHT, BRIAN J.
 STREET ADDRESS C/O 6860 GULFPORT BLVD., SUITE #900
 CITY-ST-ZIP ST. PETERSBURG FL

☐ Delete

TITLE T
 NAME ANDERSON, DAVID C.
 STREET ADDRESS C/O 6860 GULFPORT BLVD., SUITE #900
 CITY-ST-ZIP ST. PETERSBURG FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

BRIAN LIGHT

4/25/02 (407) 396 0854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)