

1. Name of company or name of individual (not fictitious name or d/b/a):

Glenn Pollock

2. Name under which applicant will do business (fictitious name, etc.):

Glenn Pollock

PK 03810647068

\$100.00

MC

3. Official mailing address:

Street: 23 25 Roanoke CT

P.O. Box: _____

City: Lake Mary

State: Florida Zip: 32746

4. Florida address:

Street: 23 25 Roanoke CT

P.O. Box: _____

City: Lake Mary

State: Florida Zip: 32746

020383

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

DEPOSIT

D209

DATE

APR 30 2002

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: _____

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC _____
- OTH _____

Form PSC/CHU-32 (02/99)

Required by Commission Rule Nos. 25-24.510 & 25-24.511

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