

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

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02-05-2003 90133 001 ***150.00

DOCUMENT # P02000050273 1. Entity Name GLC MANAGEMENT INC.			
Principal Place of Business 29251 U S HIGHWAY 19 NORTH CLEARWATER FL 33761 US		Mailing Address 29251 U S HIGHWAY 19 NORTH CLEARWATER FL 33761 US	
2. Principal Place of Business 3444 EASTLAKE ROAD Suite, Apt. #, etc. Ste 416 City & State PALM HARBOR, FLA. Zip 34685 Country USA		3. Mailing Address 3444 EASTLAKE RD Suite, Apt. #, etc. Ste 416 City & State PALM HARBOR, FLA. Zip 34685 Country USA	
4. FEI Number 04-3682192		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent SHANE, GLENN 29251 U S HIGHWAY 19 NORTH CLEARWATER FL 33761		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Me Shane</u> DATE <u>2/10/03</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SHANE, GLENN B STREET ADDRESS 29251 U S HIGHWAY 19 NORTH CITY-ST-ZIP CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 3444 EAST LAKE ROAD Ste 416 CITY-ST-ZIP PALM HARBOR, FLA 34685	<input checked="" 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
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
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
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
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: <u>Shane</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-30-03</u> Daytime Phone # <u>727-789-5833</u>	

CR2E034 (10/02)