

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90176 028 ***150.00

DOCUMENT # P95000034937

1. Entity Name
GLEN MANAGEMENT SERVICES, INC.

Principal Place of Business 4301 OAK CIRCLE #23 BOCA RATON FL 33431	Mailing Address 4301 OAK CIRCLE #23 BOCA RATON FL 33432-5823
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0582484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**GLEN, ANDREW C
 4301 OAK CIRCLE # 23
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
 Name **A. GLEN**
 Street Address (P.O. Box Number is Not Acceptable)
120 301 W. CAMINO GARDENS BLVD
 City **BOCA RATON** FL Zip Code **33432**

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 **A. GLEN** DATE **1/12/99**
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, 2000 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

TITLE VP	<input type="checkbox"/> Delete
NAME GLEN, CAROL ANN	
STREET ADDRESS 4301 OAK CIRCLE, SUITE 23	
CITY-ST-ZIP BOCA RATON FL 33431	
TITLE P	<input type="checkbox"/> Delete
NAME ANDREW, GLENIA	
STREET ADDRESS 4301 OAK CIRCLE 323	
CITY-ST-ZIP BOCA RATON FL 33431	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDREW GLEN	<input checked="" 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: **ANDREW GLEN** DATE **1/12/99** (561) 392-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)