2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000017768 **DOCUMENT #**

1. Entity Name



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90898 049 ***150.00

Country Zip Country Zip Country St. Certificate of Status Desired \$8.75 Additional Fee Required	GLEN C	OVE PROPERTIES, INC.				03-03-2003 300	70 047 130	.00
Suite, Apt. 4, etc. City & State	3008 SE WA	aler street	3008 SE WAAI	LER STREET	<u>-</u>		(1) 66/6 1 (1811 1 81 1) 1 8	
City & State Country Zip Country Zip Country Zip Country Size Additional of Status Desired Size Regulated File Regulated Address of New Registered Agent Nith Display File Agent	2. Principal I	Place of Business	3. Mailing Add	ress				
Zip Country Zip Country S. Certificate of Status Desired Sec. 75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 11380 PROSPERITY FARMS ROAD, SUITE 204 PALM BEACH GARDENS FL 33410 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accivities only a company of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accivities on droglesced agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE NAME SIRET ADDRESS 3008 SE WAALER ST. STUART FL 34997 TILE VPD Delete TILE NAME SIRET ADDRESS 5UART FL 34997 TILE NAME SI	Suite, Apt	. #, etc.	Suite, Apt. #,	etc.		CHECK HERE IF MAKING CHANGES		
Se. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NICHOLS, L. WESLEY 11380 PROSPERITY FARMS ROAD, SUITE 204 PALM BEACH GARDENS FL. 33410 6. The above named entity submits this statoment for the purpose of changing its registered diffice or registered agent, or both, in the State of Fierida. I am familiar with, and accurrent obligations of fregistered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fierida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 TITLE PD SIMBIR, WILLIAM 3008 SE WAALER ST. STUART FL. 34997 THE MME STREET ADDRESS GITY-ST-2P THE MME STREET ADDRESS GITY-ST-2P Delete 10. Delete 10. OFFICERS AND DIRECTORS IN 11 TITLE PD STREET ADDRESS GITY-ST-2P THE MME STREET ADDRESS GITY-ST-2P Delete 10. Delete 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 THE MME STREET ADDRESS GITY-ST-2P Delete 10. OFFICERS AND DIRECTORS IN 11 THE MME STREET ADDRESS GITY-ST-2P Delete 10. Delete 10. OR STREET ADDRESS GITY-ST-2P Delete 10. OR STREET ADDRESS GITY-ST-2P Delete 10. OR STREET ADDRESS GITY-ST-2P Delete THE MAKE STREET ADDRESS GITY-ST-2P Delete STREET ADDRESS GITY-ST-2P Delete STREET ADDRESS GITY-ST-2P STREET	City & Sta	te	City & State			4. FEI Number 65-0819239		pplied For ot Applicable
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Sireet Address (P.O. Box Number is Not Acceptable)		·	-		Ņame			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent. SIGNATURE Signature, hoped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature measured when servolating) DATE					Street Address ((P.O. Box Number is Not Acceptable)		
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TITLE 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.	NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied with		NAME STREE CITY-	ET ADDRESS ST-ZIP	alia- 110.07/0//) 5		Addition

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

772 286 6 6 000 Daytime Phone #