

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # H19948****1. Entity Name**
GLOBENET SECURITIES, INC.**Principal Place of Business**507 N. NEW YORK AVE.
STE 200
WINTER PARK
32789

FL

US

Mailing Address507 N. NEW YORK AVE.
STE 200
WINTER PARK
32789

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****59-2453894****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSEMONES BOB
222 W COMSTOCK AVE
SUITE 221
WINTER PARK
32789

FL

US

7. Name and Address of New Registered Agent**Name**

SEMONES BOB

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

507 N NEW YORK AVENUE

SUITE 200City
WINTER PARK**FL**Zip Code
32789**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)

05/01/2000

DATE

**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** VSTD ☐ Delete
NAME WILLSEY ALAN G
STREET ADDRESS 507 N. NEW YORK AVE-STE 200
CITY-ST-ZIP WINTER PARK FL 32789**TITLE** PD ☐ Delete
NAME MAGILL LOUIS C
STREET ADDRESS 507 N. NEW YORK AVE - STE 200
CITY-ST-ZIP WINTER PARK FL 32789**TITLE** CD ☐ Delete
NAME SEMONES BOB
STREET ADDRESS 507 N. NEW YORK AVE- STE 200
CITY-ST-ZIP WINTER PARK FL 32789**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ST ☒ Change ☐ Addition
NAME ALLEN MONTY K
STREET ADDRESS 507 N. NEW YORK AVE-STE 200
CITY-ST-ZIP WINTER PARK FL 32789**TITLE** VD ☒ Change ☐ Addition
NAME WILLSEY ALAN G
STREET ADDRESS 507 N. NEW YORK AVE - STE 200
CITY-ST-ZIP WINTER PARK FL 32789**TITLE** PD ☒ Change ☐ Addition
NAME MAGILL LOUIS C
STREET ADDRESS 507 N NEW YORK AVENUE - STE 200
CITY-ST-ZIP WINTER PARK FL 32789**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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** LOUIS C MAGILL

PD 05/01/2000