

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90151 033 \*\*\*\*70.00

DOCUMENT # **N01000008971**



1. Entity Name  
**GLOBAL LIFEGUARDS, INC.**

Principal Place of Business  
**131 DELMAR ST.  
MELBOURNE BCH FL 32951**

Mailing Address  
**131 DELMAR ST.  
MELBOURNE BCH FL 32951**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**P.O. Box 8262**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Vero Beach, FL**

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip  
**32963-8262**

Country

**USA.**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHAUMAN, WILLIAM J  
131 DELMAR ST.  
MELBOURNE BCH FL 32951**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>SCHAUMAN, WILLIAM</b>	
STREET ADDRESS <b>131 DELMAR STREET</b>	
CITY-ST-ZIP <b>MELBOURNE BEACH FL 32951</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete
NAME <b>SCHAUMAN, DAWN</b>	
STREET ADDRESS <b>131 DELMAR STREET</b>	
CITY-ST-ZIP <b>MELBOURNE BEACH FL 32951</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>JARSOLIC, JOAN</b>	
STREET ADDRESS <b>86 CROOKED LANE</b>	
CITY-ST-ZIP <b>VERO BEACH FL 32962</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>LUDLUM, ALLEN</b>	
STREET ADDRESS <b>5400 NORTH A1A #G30</b>	
CITY-ST-ZIP <b>VERO BEACH FL 32963</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Newell, Michael</b>	
STREET ADDRESS <b>301 Shores Drive</b>	
CITY-ST-ZIP <b>Vero Beach, FL 32963</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: *Allen Ludlum* RECEIVED *Ludlum* January 27 03 778-281-0352

CR2E037 (10/02)