

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90210 022 ***150.00

DOCUMENT # P00000111191

1. Entity Name

LAW OFFICE OF JAMES GLOBER, P.A.

Principal Place of Business

**961 MAPLETON TERRACE
 JACKSONVILLE FL 32207**

Mailing Address

**961 MAPLETON TERRACE
 JACKSONVILLE FL 32207**

2. Principal Place of Business

200 W. FORSYTH ST.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 1517

City & State
JACKSONVILLE, FLORIDA

City & State

Zip
32202

Country
USA

Zip

Country

4. FEI Number **59 3683587**

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 Agent

**FINANCIAL FOUNDATIONS, INC.
 3150 SANDY RIDGE DR
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **JAMES GLOBER**
 Street Address (P.O. Box Number is Not Acceptable) **961 MAPLETON TERRACE**
 City **JACKSONVILLE** FL Zip Code **32207**

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 *James Globber* **JAMES GLOBER, PRESIDENT** DATE **3/16/01**
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	GLOBER, JAMES K
STREET ADDRESS	961 MAPLETON TERRACE
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James Globber* **JAMES GLOBER, PRESIDENT** DATE **3/16/01** DAYTIME PHONE # **(904) 633-9999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0320003

CR2E034 (10/00)