

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

674095

DOCUMENT # P00000011191

1. Entity Name LAW OFFICE OF JAMES GLOBER, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>200 W. Forsyth St.</u>		3. Mailing Address <u>(SAME)</u>	
Suite, Apt. #, etc. <u>Suite 1517</u>		Suite, Apt. #, etc.	
City & State <u>Jacksonville, Florida</u>		City & State	
Zip <u>32202</u>	Country <u>USA</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name James Globler

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 _____ DATE _____
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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$500.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President James Globler 200 W. Forsyth Ct., Suite 1517 Jacksonville FL 32202</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES GLOBER President Date 4/16/02 Daytime Phone # 904 633 9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/01)