2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90095 006 ***150.00

DOCUMENT # P02000058966

1. Entity Name
GLOBAL BUSINESS INVESTMENTS OF NAPLES, INC.

Principal Place of Business	Mailing Address
5633 STRAND BOULEVARD NAPLES FL	5633 STRAND BOULEVARD NAPLES FL

2. Principal Place of Business	3. Mailing Address
5629 STRAND BLVD	5629 STRAND BLVD.
Suite, Apt. #, etc. SUITE 409	Suite, Apt. #, etc. SUITE 409
City & State NAPLES, FL	City & State NAPLES, FL
Zip FL 34110 Country USA	Zip 34110 Country USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3681423 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, THOMAS L
1428 BRICKELL AVENUE, 8TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name JACK ZOLLINGER
Street Address (P.O. Box Number is Not Acceptable) 5629 STRAND BLVD. SUITE 409
City NAPLES FL Zip Code 34110

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 [signature] 1/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JANE O. Zollinger 11840 Longshore Way W. NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 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 REQUIRED [signature] JANE O. ZOLLINGER 1-5-03 (239) 598-0935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #