

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 19, 2001 8:00 am**
Secretary of State

02-19-2001 90070 050 ***150.00

C0022851

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000074966			
1. Entity Name GLOBAL REALTY REFERRAL COMPANY			
Principal Place of Business 776-B COUNTRY CLUB DR TITUSVILLE FL 32780 US		Mailing Address 776-B COUNTRY CLUB DR TITUSVILLE FL 32780 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTUCCI, MICHAEL 776-B COUNTRY CLUB DR TITUSVILLE FL 32780		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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) 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, 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			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARTUCCI, MICHAEL	NAME	
STREET ADDRESS	776-B COUNTRY CLUB DR	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	CITY-ST-ZIP	
TITLE	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARLSON, WAYNE L	NAME	
STREET ADDRESS	776-B COUNTRY CLUB DR	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: *Michael Martucci* **DIRECTOR** **2/12/01** **321-268-0868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #