

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90368 031 ***150.00

0501646 AV

DOCUMENT # P98000082313

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

Principal Place of Business 5633 STRAND BLVD #310 NAPLES FL 34110 US	Mailing Address 5633 STRAND BLVD #310 NAPLES FL 34110 US
--	--

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0867728**

Applied For
Not Applicable

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

HADDAD, GLENN N

~~800 LAUREL OAK DRIVE~~

~~SUITE 200~~

~~NAPLES FL 34110~~

Name **HADDAD, GLENN N.**

Street Address (P.O. Box Number is Not Acceptable)
5633 STRAND BLVD #310

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.

SIGNATURE *Glenn N. Haddad*

1/7/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD HADDAD, GLENN N 5015 SW 8TH PL CAPE CORAL FL 33914	☐ 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
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
--	--	---

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: *Glenn N. Haddad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 *941-596-8200*
Date Daytime Phone #

CR2E034 (9/01)