FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am DOCUMENT # 379180 Secretary of State 1. Entity Name 01-14-2002 90063 042 ***150 00 GLOBAL PROPERTY SALES, INC. Principal Place of Business Mailing Address 120 NORTH US HWY 1 120 NORTH US HWY 1 B0002709 TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1348022 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NELSON, EDWIN J Street Address (P.O. Box Number is Not Acceptable) 120 NORTH US HWY 1 **TEQUESTA FL 33469** Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE **NELSON, EDWIN J** NAME NAME STREET ADDRESS 370 RIVERSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL** Change ☐ Addition TITLE ☐ Delete TITLE **NELSON, EDWIN J** NAME NAME STREET ADDRESS STREET ADDRESS 370 RIVERSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

JAN 3, 2062 561.746.0425