


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91443 029 ***150.00

DOCUMENT # F01000000077

1. Entity Name
GLOBAL RELATIONS, INC.



Principal Place of Business
**4040 CROCKERS LAKE BLVD., STE 1712
SARASOTA FL 34238**

Mailing Address
**4040 CROCKERS LAKE BLVD., STE 1712
SARASOTA FL 34238**

40010072



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**AGENTS AND CORPORATIONS, INC.
STE E 773, 4TH AVENUE NORTH
NAPLES FL 34102**

4. FEI Number **65-1039025**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (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

TITLE	C	<input type="checkbox"/> Delete
NAME	BRISCOE, HAROLD	
STREET ADDRESS	4040 CROCKERS LAKE BLVD., SUITE 1712	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BRISCOE, DORRELL	
STREET ADDRESS	4040 CROCKERS LAKE BLVD., STE 1712	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRISCOE, DANIEL	
STREET ADDRESS	4040 CROCKERS LAKE BLVD., STE 1712	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRISCOE, SYLVIA	
STREET ADDRESS	4040 CROCKERS LAKE BLVD., STE 1712	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRISCOE, DEANNA	
STREET ADDRESS	4040 CROCKERS LAKE BLVD., STE 1712	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRISCOE, DAVID	
STREET ADDRESS	4040 CROCKERS LAKE BLVD., STE 1712	
CITY-ST-ZIP	SARASOTA FL 34238	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Harold Briscoe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)