

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90131 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F01000004264**

1. Entity Name

GLOBAL SERVICES, INC.
d/b/a GLOBAL SERVICES NETWORK, INC.



70012705

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5320 College Blvd.
Suite, Apt. #, etc.

3. Mailing Address

301 Duck Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Overland Park, KS

City & State
Grandview, MO

4. FEI Number

48-1240187

Applied For
Not Applicable

Zip
66211

Country
USA

Zip
64030

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James W. Clayton

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

1239 Ocean Shore Blvd., #203

City
Ormond Beach

FL Zip Code
32176

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 **N/A**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Director
James W. Clayton
1239 Ocean Shore Blvd., #203
Ormond Beach, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Director
Thomas D. Lyons
14975 Waterfall Dr.
Stanley, KS 66223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer & Director
Norman Jacobs
11700 Pennsylvania Ave.
Kansas City, MO 64114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Norman Jacobs, Secretary/Treasurer & Director

January 14, 2003 816-966-1359

Date

Daytime Phone #

CR2E034B (12/02)