

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90128 001 \*\*\*158.75

**DOCUMENT # F02000006314**

1. Entity Name

GLOBAL BUSINESS SERVICES U.S., INC.



Principal Place of Business

Mailing Address

~~10604 QUAIL RIDGE DRIVE~~

~~10604 QUAIL RIDGE DRIVE~~

~~ST. AUGUSTINE FL 32095~~

~~ST. AUGUSTINE FL 32095~~

2. Principal Place of Business

818 A1A N.

3. Mailing Address

P.O. Box 3384

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#303

City & State  
Ponte Vedra FL

City & State  
Ponte Vedra FL

Zip  
32082

Country  
U.S.

Zip  
32004

Country  
U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

41-2066934

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

BROWN, STEVEN

10604 QUAIL RIDGE DRIVE

ST. AUGUSTINE FL 32095

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

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

(NOTE: Registered Agent signature required when reinstating)

STEVEN K. BROWN

2/21/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCS  
BROWN, STEVEN K  
10604 QUAIL RIDGE DRIVE  
ST. AUGUSTINE FL 32095 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

*Signature*

Steve Brown 2/21/03

904-543-9112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)