

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90027 016 ***150.00

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1. Entity Name

GLOBAL BIOSCIENCES, INC.



Principal Place of Business

91 GEORGE LEVEN DR.
NATTEBORO MA 02760

Mailing Address

91 GEORGE LEVEN DR.
NATTEBORO MA 02760

54023435



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-3451605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DT	<input type="checkbox"/> Delete
NAME	JACOBSON, DAVID	
STREET ADDRESS	12 BRITTANIA CIR.	
CITY-ST-ZIP	SALEM MA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PERRIELLO, FELIX	
STREET ADDRESS	608 NORMANDY DR.	
CITY-ST-ZIP	NORWOOD MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRIELLO, JEANNE	
STREET ADDRESS	608 NORMANDY DR.	
CITY-ST-ZIP	NORWOOD MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRIELLO, RALPH	
STREET ADDRESS	7 LONGBOW CIR.	
CITY-ST-ZIP	LYNNFIELD MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, ALAN	
STREET ADDRESS	RR1 BOX 331 VINEYARD	
CITY-ST-ZIP	HAVEN MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, PAUL	
STREET ADDRESS	2125 FIRST AVE.	
CITY-ST-ZIP	SEATTLE WA	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Jacobson 2/20/04 978 744 5484