

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 APR 20 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0300000 1417



1. Entity Name
Global BioSciences Inc.
91 George Leven Dr
N Attleboro MA 02760

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

DO NOT WRITE IN THIS SPACE

George Leven Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N Attleboro MA

City & State

4. FEI Number

04-3431605

Applied For

Not Applicable

Zip 02760

Country Bristol

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 So. Pine Island Rd

City

Ponte Vedra

FL

Zip Code

33324

DO NOT WRITE
IN THIS SPACE

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:

if and use if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

3/3/03

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.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700031577017 03/31/04--01074--002 **150.00
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David M Jacobson Jr 2/26/03 9787445464

CR2E034B (12/02)