

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005812

1. Entity Name

GLOBAL BUSINESS EXCHANGE OF FLORIDA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90130 008 ***150.00

Principal Place of Business

609 N. HYER AVE.
ORLANDO FL 32803

Mailing Address

609 N. HYER AVE.
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3488978

Applied For
No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CECCHETTI, RICK
609 N. HYER AVE.
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name **PAUL JUDSON**
Street Address (P.O. Box Number is Not Acceptable)
609 N. HYER AVE
City **ORLANDO** FL Zip Code **32803**

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.

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-appointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete CPT COWELL, GREG 271 HUNTINGTON AVE., STE. 240 BOSTON MA 02115
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete VCVS COWELL, KIM 271 HUNTINGTON AVE, STE. 240 BOSTON MA 02115
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a 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 11 or Block 12 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

GREG COWELL, President

DATE

4/16/01

APPROVED

CR2E034 (10/00)