

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90065 019 ***158.75

DOCUMENT # H00854

1. Entity Name

GLOBAL-BAU, INC.

Principal Place of Business

POST OFFICE BOX ONE
 606 BALD EAGLE DRIVE, SUITE 500
 MARCO ISLAND FL 34140

Mailing Address

POST OFFICE BOX ONE
 606 BALD EAGLE DRIVE, SUITE 500
 MARCO ISLAND FL 34146
 US

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 **59-2424917**

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

WOODWARD, CRAIG
WOODWARD, PIRES AND ANDERSON, P.A.
606 BALD EAGLE DRIVE, SUITE 500
MARCO ISLAND FL 33937

Name
WOODWARD, PIRES & LOMBARDO, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
606 Bald Eagle DR. Suite 500
 City
Marco Island FL Zip Code
34145

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 signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PS BOEHRINGER, ROLF**
 STREET ADDRESS **369 PINE AVENUE**
 CITY-ST-ZIP **NAPLES FL**

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

TITLE ☐ Delete
 NAME **TD BOEHRINGER, ROLF**
 STREET ADDRESS **369 PINE AVENUE**
 CITY-ST-ZIP **NAPLES FL**

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Roy Boehring**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROLF BOEHRINGER
Director

3/19/01

Date

Daytime Phone #

CR2E034 (10/00)