

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90073 034 \*\*\*150.00

DOCUMENT # K62631

1. Entity Name

GLOBAL WORLD CORPORATION

Principal Place of Business

Mailing Address

216 SUMMERWOOD TRAIL  
MAITLAND FL 32751  
US

216 SUMMERWOOD TRAIL  
MAITLAND FL 32751-3432  
US

A0018567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2930543

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STELLING, JAMES HENRY III  
216 SUMMERWOOD TRAIL  
MAITLAND 32751

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.

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00  
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE PDST ☐ Delete  
NAME STELLING, JAMES H III  
STREET ADDRESS 216 SUMMERWOOD TRAIL  
CITY-ST-ZIP MAITLAND FL

TITLE DV ☐ Delete  
NAME STELLING, SCOTT ALAN  
STREET ADDRESS 216 SUMMERWOOD TRAIL  
CITY-ST-ZIP MAITLAND FL

TITLE DV ☒ Delete  
NAME STELLING, ANITA A  
STREET ADDRESS 216 SUMMERWOOD TRAIL  
CITY-ST-ZIP MAITLAND FL

TITLE DV ☐ Delete  
NAME SUSAN A STELLING  
STREET ADDRESS 235 W. ORLANDO STREET  
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Change  
NAME SUSAN A. STELLING  
STREET ADDRESS 235 W. ORLANDO STREET  
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 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

2/1/00

407-339-1111

Daytime Phone #