2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K62631

1. Entity Name

GLOBAL WORLD CORPORATION



FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90125 006 ***150.00

Principal Place of Business 216 SUMMERWOOD TRAIL MAITLAND FL 32751 US		Mailing Address 216 SUMMERWOOD TRAIL MAITLAND FL 32751 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2930543 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
			Name		
STELLING, JAMES HENRY III 216 SUMMERWOOD TRAIL			Street Address	Street Address (P.O. Box Number is Not Acceptable)	
MAITLAND FL 32751					
<u>.</u>			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 tire 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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
TITLE PDST	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STELLING	i, James H III Merwood Trail) Fl	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
	, SCOTT ALAN MERWOOD TRAIL) FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
STREET ADDRESS 235 W. O	, SÚSAN A RLANDO STREET FE 32804	_ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XChange Addition 38 KILLARNEY DR NTER PARK, FL 32789	
STREET ADDRESS 216-5	YNE STELLING UMMERWOOD T UMND, FL 327	Pail.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST. 7/P		□ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	

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 attack finent with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PARTIES TO SERVICE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/30/03 407-339-1273
Date Daytime Phone #

☐ Change

☐ Addition

CR2E034 (10/02)