

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95977

1. Entity Name

GLOBAL BIOTECHNOLOGY, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90149 001 ***558.75

Principal Place of Business

% A. LAWTON LANGFORD
 1700 CAPITAL CIRCLE S.W.
 TALLAHASSEE FL 32310

Mailing Address

% A. LAWTON LANGFORD
 1700 CAPITAL CIRCLE S.W.
 TALLAHASSEE FL 32310

GLOBAL BIOTECHNOLOGY

2. Principal Place of Business

INNOVATION PARK

3. Mailing Address

Suite, Apt. #, etc.

1673 W. PAUL DIERCK DR

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32310

Country

US

Zip

Country

4. FEI Number

59-2956612

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LANGFORD, A. LAWTON
 1700 CAPITAL CIRCLE S.W.
 TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name

GIBB DEBUSK

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

3583 DORIS DR

City

TALLAHASSEE

FL

Zip Code

32303

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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	D	<input checked="" type="checkbox"/> Delete
NAME	LANGFORD, A. LAWTON	
STREET ADDRESS	1700 CAPITAL CIR S.W.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBUSK, GIBB	
STREET ADDRESS	3583 DORIS DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELL, JANET	
STREET ADDRESS	3583 DORIS DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/00

Daytime Phone #