2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000591

1. Entity Name
GLOBAL SALES & MARKETING, LLC.

FILED
01 MAY 22 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002213 AF

Principal Place of Business	Mailing Address
9555 SUNBEAM CENTER DR. JACKSONVILLE FL 32257	9555 SUNBEAM CENTER DR. JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5599 Commonwealth Ave	P.O. Box 16723
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32254 Country: USA	Zip: 32236 Country: USA

4. FEI Number: ✓ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHESWORTH, DON 9555 SUNBEAM CENTER DR. JACKSONVILLE FL 32257	Name: Don Chesworth Street Address (P.O. Box Number is Not Acceptable): 5599 Commonwealth Ave. City: Jacksonville FL Zip Code: 32254

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE: VP NAME: Alane Schumpp STREET ADDRESS: 5599 Commonwealth Ave CITY-ST-ZIP: Jacksonville, FL 32254 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 000004419150--0 -06/14/01--01018--012 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 5/20/01 904 781-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)