

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008895

1. Entity Name

GLOBAL SOURCE L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 9:43

Principal Place of Business

1316 GEORGE JENKINS BLVD.
SUITE 7
LAKELAND FL 33815

Mailing Address

1316 GEORGE JENKINS BLVD.
SUITE 7
LAKELAND FL 33815

2. Principal Place of Business

5435 GLENMORE DRIVE

3. Mailing Address

5435 GLENMORE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33813

Country

USA

Zip

33813

Country

USA

4. FEI Number

59-3660848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLELLAND, MICHAEL L
5435 GLENMORE DRIVE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of
Dut

9. MANAGING MEMBERS/MANAGERS

TITLE

MGR

☐ Delete

NAME

MCCLELLAND, MICHAEL L

STREET ADDRESS

5435 GLENMORE DRIVE

CITY-ST-ZIP

LAKELAND FL 33813

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

Michael L. McClelland

9-21-01

(863) 607-4912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE