

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012670

1. Entity Name

GLOBAL ASSET ADVISORS, LLC

FILED  
Aug 25, 2002 8:00 am  
Secretary of State

0006727

08-25-2002 90200 035 \*\*\*\*50.00

Principal Place of Business		Mailing Address					
290 RIVERSIDE AVE. MERRITT ISLAND FL 32953		290 RIVERSIDE AVE. MERRITT ISLAND FL 32953					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MOTOLY, PERRY</b> <b>290 RIVERSIDE AVE.</b> <b>MERRITT ISLAND FL 32953-0000</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>35-1970006</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required	

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 the 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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MOTOLY, PERRY</b> <b>290 RIVERSIDE AVE.</b> <b>MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E083 (4/02)

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 REQUIRED**

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

8/16/02 888 849 5216

Daytime Phone #