

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90094 012 *****50.00

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DOCUMENT # L01000017674

1. Entity Name

GLOBAL THRIFT LLC



Principal Place of Business

**1630 MAIN ST
SUITE 8
SARASOTA FL 34236**

Mailing Address

**PO BOX 708
ANNA MARIA FL 34216**

2. Principal Place of Business

4380 66th ST N.

3. Mailing Address

Suite, Apt. #, etc.

ST. PETERSBURG, FL

Suite, Apt. #, etc.

City & State

City & State

Zip

33709

Country

Pinellas

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0578313**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ZIGULICH, JOSEPH
217 OAK AVE
ANNA MARIA FL 34216**

7. Name and Address of New Registered Agent

Name **Zigulich (spelling correction)**

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. 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KENNETH C. GLOBAL LLC**
STREET ADDRESS **%163 MAIN ST**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/23/03 813-760-6677

CR2E083 (10/02)