

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90024 006 ****55.00

DOCUMENT # L02000026409



1. Entity Name
GLOBAL FINANCIAL RESOURCES LLC

Principal Place of Business
**8010 N. ATLANTIC AVE
UNIT 7
CAPE CANAVERAL FL 32920
US**

Mailing Address
**PO BOX 271
CAPE CANAVERAL FL 32920
US**

2. Principal Place of Business
**195 N. Brevard Av.
Suite B**

3. Mailing Address
**195 N. Brevard Av.
Suite B**

City & State
Cocoa Beach FL
Zip
32931
Country
US

City & State
Cocoa Beach FL
Zip
32931
Country
US

4. FEI Number
EIN 13-4215530

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PROTECH PROFESSIONAL SERVICES INC.
8010 N. ATLANTIC AVE
#7
CAPE CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

Name **Margaret T. Creedon**
Street Address (P.O. Box Number is Not Acceptable)
195 N. Brevard Av., Suite B
City **Cocoa Beach** **FL** Zip Code **32931**

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 Margaret T. Creedon Margaret T. Creedon 3/21/03
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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	manager
STREET ADDRESS	Margaret T. Creedon
CITY-ST-ZIP	4140 Vancouver Av Cocoa FL 32926
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	manager
STREET ADDRESS	Carl Fischer
CITY-ST-ZIP	8700 Astronaut Blvd #721 Cape Canaveral, FL 32920
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	
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	

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: Margaret T. Creedon Margaret T. Creedon 3/21/03 321-799-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)