

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90034 001 ***150.00

DOCUMENT # L48159

1. Entity Name

GLOBAL SUCCESS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2272 Airport Road S.

Suite, Apt. #, etc.

3. Mailing Address

2272 Airport Road S.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0174259

Applied For

Not Applicable

Zip

34112

Country

USA

Zip

34112

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7- Name and Address of Current Registered Agent
Name
CLASP INC.

Street Address (P.O. Box Number is Not Acceptable)
3001 Tamiami Trail N.

4th Floor

City
Naples

FL

Zip Code
34103

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 *CLASP INC.*

Joel H. Schechter, President

2-26-02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required unless non-staffing)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D, Chairman, CEO, S, T
Leslie C. Norins
2272 Airport Road S.
Naples, FL 34112

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Vice Chairman
Ann Rainey Norins
2272 Airport Road S.
Naples, FL 34112

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President
Samantha Gardiner
2272 Airport Road S.
Naples, FL 34112

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other I am empowered.

SIGNATURE: *Leslie C. Norins* **Leslie C. Norins, Director**

(941) 261-4335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)