

**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.
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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

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

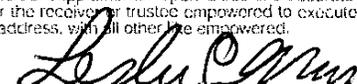
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

CLASP INC.
SIGNATURE:  **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-residing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Samantha Gardiner 2272 Airport Road S. Naples, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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, Director** (941) 261-4335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)