2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004200

1. Entity Name
SBS GLOBAL, LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:03

Principal Place of Business	Mailing Address
3300 S. HIAWASSEE RD. SUITE 107 ORLANDO FL 32835	3300 S. HIAWASSEE RD. SUITE 107 ORLANDO FL 32835-6350

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 N. Highland Ave	800 N. Highland Ave
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: Orlando fl	City & State: Orlando, fl
Zip: 32803 Country: USA	Zip: 32803 Country: USA

4. FEI Number: X ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARLTON, MICHELLE
3300 S. HIAWASSEE RD. SUITE 107
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

mf 3/16/00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHIRA, NICOLE 3300 S. HIAWASSEE RD. SUITE 107 ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 800 N. Highland Ave #200 Orlando, FL 32803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CARLTON, MICHELLE 3300 S. HIAWASSEE RD. SUITE 107 ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 800 N. Highland Ave #200 Orlando, FL 32803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003179230---2 -03/22/00--01020--003 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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: Michelle Carlton 2/28/00 407-294-8082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

MICHELLE CARLTON