

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90196 015 ***550.00

DOCUMENT # M70016

1. Entity Name

GLOBE FACILITY SERVICES INC.

Principal Place of Business

**5405 CYPRESS CENTER DR
 STE 290
 TAMPA FL 33609-8021
 US**

Mailing Address

**5405 CYPRESS CENTER DR
 STE 290
 TAMPA FL 33609-8021
 US**

2. Principal Place of Business

10601 US Hwy 19 N

3. Mailing Address

10601 US Hwy 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

Zip

33782

Country

USA

Zip

33782

Country

USA

4. FEI Number

59-2973013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SAUERS, MICHEL F

**5405 CYPRESS CENTER DR 10601 US Hwy 19 N
 SUITE 295
 TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Pinellas Park FL 33782

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 *Michel F Sauer*

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

(NOTE: Registered Agent signature required when reinstating)

7/1/2
 DATE

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

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **DP** ☐ Delete
 NAME **FLASKAY, NICHOLAS**
 STREET ADDRESS **5405 CYPRESS CENTER DR., #290**
 CITY-ST-ZIP **TAMPA FL**

TITLE **PCD** ☐ Delete
 NAME **SAUERS, MICHEL F**
 STREET ADDRESS **5405 CYPRESS CENTER DR., #290**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10601 US Hwy 19 N**
 CITY-ST-ZIP **Pinellas Park, FL 33782**

TITLE **P, C, D, S, T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10601 US Hwy 19 N**
 CITY-ST-ZIP **Pinellas Park, FL 33782**

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

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

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

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

CR2E034 (4/02)

13. 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 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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Michel F Sauer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/2
 Date

(122) 456-1174
 Daytime Phone #