

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005062

1. Entity Name

GLOBAL DEMONSTRATION, INC.

Principal Place of Business

Mailing Address

BOX 1998
WINDERMERE FL 34786

BOX 1998
WINDERMERE FL 34786

2. Principal Place of Business

508 VISTA Del LAGO LN

3. Mailing Address

508 VISTA Del LAGO LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WAKE FOREST NC

City & State

WAKE FOREST NC

Zip

27587

Country

USA

Zip

27587

Country

USA

6. Name and Address of Current Registered Agent

SANGER, JOHN M
2303 RIDGE WIND WAY
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name CYNTHIA WILLIAMS

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

1701 MABBETTE STREET

Bldg. 2-103

City KISSEMMEE

FL

Zip Code 34741

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 *Cynthia Williams*

CYNTHIA WILLIAMS

4-2-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANGER, JOHN	
STREET ADDRESS	2303 RIDGEWIND WAY	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANGER, MAUREEN	
STREET ADDRESS	2303 RIDGEWIND WAY	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JOHN	
STREET ADDRESS	506 LIGHTHOUSE RD APT 2217	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JACK	
STREET ADDRESS	607 ISLAND SEAS BLVD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGER, John	
STREET ADDRESS	508 VISTA Del LAGO LN	
CITY-ST-ZIP	WAKE FOREST NC 27587	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGER, MAUREEN	
STREET ADDRESS	508 VISTA Del LAGO LN	
CITY-ST-ZIP	WAKE FOREST NC 27587	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John, Thomas	
STREET ADDRESS	6831-104 Highline ST.	
CITY-ST-ZIP	Raleigh NC 27616	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JACK	
STREET ADDRESS	2901 Red CLAY Drive Apt. 904	
CITY-ST-ZIP	Raleigh NC 27604	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SANGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

919 556-3088

Daytime Phone #

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90144 016 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)