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

07-28-2002 90197 002 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004893

1. Entity Name

GLOBAL HUMANITARIAN AID, INC.

Principal Place of Business

**5620 E FOWLER AVE #8
TAMPA FL 33617**

Mailing Address

**5620 E FOWLER AVE #8
TAMPA FL 33617**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3725067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROOYEN, LEON V
5620 E FOWLER AVE #8
TAMPA FL 33617**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**After September 13, 2002,
min. will be \$238.25.**

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 **CHAIRMAN** ☐ Delete
NAME **LEON VAN ROOYEN**
STREET ADDRESS **16312 ARMSTRONG RACE**
CITY-STATE-ZIP **TAMPA, FL 33647**

TITLE **BRIDGETTE VAN ROOYEN** ☐ Delete
NAME **BRIDGETTE VAN ROOYEN**
STREET ADDRESS **16312 ARMSTRONG RACE**
CITY-STATE-ZIP **TAMPA, FL 33647**

TITLE **SECRETARY** ☐ Delete
NAME **PHILIP SMITHURST**
STREET ADDRESS **8951 LAKE DRIVE, APT 401**
CITY-STATE-ZIP **CAPE CANAVERAL, FL 32920**

TITLE **Treasurer** ☐ Delete
NAME **TODD ENTZ**
STREET ADDRESS **308 E. PERSHING RD # 555**
CITY-STATE-ZIP **DELAWARE, IL 62526**

TITLE **SHARON SMITHURST** ☐ Delete
NAME **SHARON SMITHURST**
STREET ADDRESS **8951 LAKE DRIVE APT 401**
CITY-STATE-ZIP **CAPE CANAVERAL, FL 32920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: **SIGNATURE OF SIGNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22/07/02 - (813) 9802181

Date

Daytime Phone #

CR2E037 (4/02)