

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003653

1. Entity Name

GLOBEL UNLIMITED INC.

Principal Place of Business

9626 NORTH MILITARY TRAIL  
PALM BEACH GARDENS FL 33410

Mailing Address

9626 NORTH MILITARY TRAIL  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

345 Bayshore Blvd  
Suite, Apt. #, etc. GP-10

3. Mailing Address

345 Bayshore Blvd  
Suite, Apt. #, etc. GP-10

City & State

Tampa, Fla

City & State

Tampa Fla

Zip

33606

Country

USA

Zip

33606

Country

USA

6. Name and Address of Current Registered Agent

ANDERSON, GEOFFREY E  
9626 NORTH MILITARY TRAIL  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Anderson, Geoffrey E.

Street Address (P.O. Box Number is Not Acceptable)  
345 Bayshore Blvd GP-10

City

Tampa,

FL

Zip Code

33606

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

Geoffrey E. Anderson

4/13/01

(Signature and printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 D  
NAME ANDERSON, GEOFFREY E  
STREET ADDRESS 9626 NORTH MILITARY TRAIL  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME Anderson Geoffrey E.  
STREET ADDRESS 345 Bayshore Blvd GP-10  
CITY-ST-ZIP Tampa, Florida 33606 ☒ Change ☐ Addition

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

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

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

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

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

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:

Geoffrey E. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

Daytime Phone #

FILED  
Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90012 039 \*\*\*150.00

948461



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)