

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90438 038 \*\*\*150.00

DOCUMENT # P-000000003653

1. Entity Name

GLOBEL 211 LIMITED, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2502 WEST TYSON AVE

3. Mailing Address

2502 WEST TYSON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMPA, FLORIDA

City & State  
TAMPA, FLORIDA

4. FEI Number

Applied For

Not Applicable

Zip  
33611-4155

Country  
USA

Zip  
33611-4155

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
GEOFFREY E ANDERSON

Street Address (P.O. Box Number is Not Acceptable)  
245 BAYSHORE GP-10

City  
TAMPA FL Zip Code  
33606

**DO NOT WRITE  
IN THIS SPACE**

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 PRES 4/30/02

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

(NOTE: Registered Agent signature requires notary acknowledgment)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GEOFFREY E ANDERSON  
2502 WEST TYSON AVE  
TAMPA, FLORIDA 33611-4155

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on the 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 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

4/30/02 813.382.7412

Date

Daytime Phone #

CR2E034B (12/01)