FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 15, 2001 8:00 am Secretary of State DOCUMENT # P0000009134 1. Entity Name 05-15-2001 90053 010 ***150.00 GLOBAL SEAL, INC. Principal Place of Business Mailing Address C/O MOSHER AND SCHNEIDER, P.A. C/O MOSHER AND SCHNEIDER, P.A. 1001 FLAGLER CENTER 505 S FLAGLER DR. 1001 FLAGLER CENTER 505 S FLAGLER DR. W. PALM BEACH FL 33401 W. PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 250 Australian Avenue South 250 Australian Avenue South Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1550 Clearlake Centre 1550 Clea<u>rlake Centre</u> City & State City & State 4. FEI Number X Applied For West Palm Beach, FL West Palm Beach, FL 33401 Not Applicable Zip Country._ _ Zip _Country \$8.75 Additional 5. Certificate of Status Desired - - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHNEIDER, JOHN C ESQ Street Address (P.O. Box Number is Not Acceptable) 1550 Clearlake Centre C/O MOSHER AND SCHNEIDER, P.A. 1001 FLAGLER CENTER 505 S FLAGLER DR. 250 Australian Avenue South W. PALM BEACH FL 33401 City Zip Code West Palm Beach 33401 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Delete P/D ☐ Change ☐ Addition NAME NAME Neal, Edwin STREET ADDRESS STREET ADDRESS c/o Mosher & Schneider, P.A., 250 CITY-ST-ZIP CITY-ST-ZIP Australian Ave So, West Palm Beach, TITLE TITLE ☐ Delete 33401 ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 agnature 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 n address, with all of ike empowa SIGNATURE: 🗸 Daytime Phone #