

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

DOCUMENT # **P00000021251** ✓  
 1. Entity Name  
**GLOBAL REALTY INVESTMENT GROUP, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>10002 PRINCESS PALM AVE</b>		3. Mailing Address <b>P.O. BOX 282</b>	
Suite, Apt. #, etc. <b>SUITE 200</b>		Suite, Apt. #, etc.	
City & State <b>TAMPA, FL</b>		City & State <b>RIVERVIEW, FL</b>	
Zip <b>33619</b>	Country <b>HILLSBOROUGH</b>	Zip <b>33568</b>	Country <b>HILLSBOROUGH</b>

**34559**

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3629155</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

7. Name and Address of Current Registered Agent

Name: **PEARSON Glenn J.**

Street Address (P.O. Box Number is Not Acceptable)  
**10002 PRINCESS PALM AVE, Ste 200**

City: **TAMPA** State: **FL** Zip Code: **33619**

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* **President** DATE: **5/28/02**

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 tax filing requirement and elects to do so. (See criteria on back). <input type="checkbox"/>	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: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE: <b>PTC</b> NAME: <b>PEARSON, GLENN J.</b> STREET ADDRESS: <b>P.O. BOX 282</b> CITY-ST-ZIP: <b>RIVERVIEW, FL 33568</b>	

**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)(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 on an attachment with an address, with an office, like empowered.

SIGNATURE: *[Signature]* **President** DATE: **4/25/02** (813) 610-5538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)