

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030975

1. Entity Name

GLOBAL RELOCATION PARTNERS, INC.

Principal Place of Business

38 JARDINE AVE. UNIT 1
ST. AUGUSTINE FL 32095

Mailing Address

83 SHORES BLVD.
ST. AUGUSTINE FL 32086

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-04-2001 90052 013 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

233 SR. 16

3. Mailing Address

P.O. Box 791

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

City & State

St. Augustine FL

City & State

St. Augustine FL

Zip

32084

Country

St. Johns

Zip

32085

Country

4. FEI Number

65-0993881

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Michael J. Cirillo

Street Address (P.O. Box Number is Not Acceptable)

129 Ocean Hollow Lane

City

St. Augustine

FL

Zip Code

32084

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

Michael J. Cirillo - President

[Signature]

5/18/01

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

(NOTE: Registered Agent signature required when registering)

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	PTD	<input type="checkbox"/> Delete
NAME	CIRILLO, MICHAEL J	
STREET ADDRESS	3761 WEST HILLSBORO BOULEVARD	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SNIPES, CHARLES T	
STREET ADDRESS	3761 WEST HILLSBORO BOULEVARD	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARKER, ELIZABETH	
STREET ADDRESS	3761 WEST HILLSBORO BOULEVARD	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cirillo, Michael J	
STREET ADDRESS	129 Ocean Hollow Lane	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 904-924-3577

Date

Daytime Phone #

CR2E034 (10/00)