FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91598 048 ***150.00

DOCUMENT # P00000030975

1. Entity Name
Global Relocation Partners Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
233 State Rd. 16-Unit C	P.O. Box 791
Suite, Apt. #, etc. Unit C	Suite, Apt. #, etc.
City & State: Saint Augustine, FL	City & State: St. Augustine, FL
Zip: 32084 Country: USA	Zip: 32085 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0993881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Michael Cirillo
Street Address (P.O. Box Number is Not Acceptable): 129 Ocean Hollow Lane
City: Saint 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 [signature] [signature] 5/11/02
Signature, typed or 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President (P)(T)(D)
NAME	Michael Cirillo
STREET ADDRESS	625 Fairway Dr. 202
CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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)(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 all other like empowered.

SIGNATURE: [signature] Michael J. Cirillo 5/11/02 904-824-3577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #