

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State

0004481 AV

DOCUMENT # P00000039365

1. Entity Name
GLOSERV USA, INC.

(LA)

09-19-2001 90124 028 ***150.00

Principal Place of Business Mailing Address
8535 HEATHER RUN DR. NORTH **8535 HEATHER RUN DR. NORTH**
JACKSONVILLE FL 32256 **JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
N/A *N/A*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
593641181 Not Applicable
 5. Certificate Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
KEASLER, FRANK R JR. Name
HENDERSON KEASLER LAW FIRM, P.A. Street Address (P.O. Box Number is Not Acceptable)
4309 PABLO OAKS CT., STE. 200 City **FL** Zip Code
JACKSONVILLE FL 32224

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 *N/A* DATE
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. **FILE NOW!!! FEE IS \$550.00**
(See criteria on back) **After September 12, 2001 Fee will be \$750.00**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATTINGH, HENRI 4309 PABLO OAKS CT., STE. 200 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRYFFENBERG, EMIL 4309 PABLO OAKS CT., STE. 200 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATTINGH, JOHAN 4309 PABLO OAKS CT., STE. 200 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employment.

SIGNATURE: *(Signature)* **SIGNATURE REQUIRED** **08/25/01** **904 464-0666**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment

Doc. # 00000039365

09-14-01

AU08673

Andy Dunlap

PER TELEFONIC CONVERSATION.

DID NOT RECEIVE THE FIRST NOTICE.

PLEASE FIND THE AMOUNT OF \$150.00 PER CHECK.

REGARDS

ETTIENE COETZER

8535 HEATHER RUN DR

JACKSONVILLE

FL 32256

904-464-0666