

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039365

1. Entity Name
GLOSERV USA, INC.

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

Mailing Address
8535 HEATHER RUN DR. NORTH
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593641181

Applied For

Not Applicable

5. Certificate of 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.
HENDERSON KEASLER LAW FIRM, P.A.
4309 PABLO OAKS CT., STE. 200
JACKSONVILLE FL 32224

Name

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

City

FL

Zip Code

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, 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)

FILE NOW!!! FEE IS \$550.00
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 D
NAME HATTINGH, HENRI
STREET ADDRESS 4309 PABLO OAKS CT., STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GRYFFENBERG, EMIL
STREET ADDRESS 4309 PABLO OAKS CT., STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HATTINGH, JOHAN
STREET ADDRESS 4309 PABLO OAKS CT., STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE
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STREET ADDRESS
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NAME
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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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

08/25/01

904
464-0666

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

09-19-2001 90124 028 ***150.00



DO NOT WRITE IN THIS SPACE

0004481 AV

CR2E034 (5/01)

Attachment

Doc. # 000000039365

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