

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

FILED

DOCUMENT # P00000061803

1. Entity Name

GLADIATOR GLOBAL INVESTMENTS CORP.

02 MAY 21 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

617 S.W. 49TH LANE

Suite, Apt. #, etc.

3. Mailing Address

120 DEL PRADO BLVD. S.

Suite, Apt. #, etc.

SUITE 3

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33914

Country

USA

Zip

33990

Country

USA

4. FEI Number

59-3653927

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

JOHN G. PAUL, JR., CPA

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

120 DEL PRADO BLVD. S.

SUITE 3

City

CAPE CORAL,

FL

Zip Code

33990

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

JOHN G. PAUL, JR., CPA

4/29/02

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 NAME STREET ADDRESS CITY-ST-ZIP	D P T RAINER J. TERMOELLEN 617 S.W. 49TH LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V S GABRIELA RUTH TERMOELLEN 617 S.W. 49TH LANE CAPE CORAL, FL 33914
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAINER TERMOELLEN, PRES. 4/29/02 (239) 458-7888

Date

Daytime Phone #

CR2E034B (12/01)