

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90031 028 \*\*\*150.00

**DOCUMENT # P00000097553**

1. Entity Name  
**GLOBAL PRODUCTS, INC.**

Principal Place of Business  
**9000 REGENCY SQUARE BLVD. SUITE 202  
JACKSONVILLE FL 32211**

Mailing Address  
**9000 REGENCY SQUARE BLVD. SUITE 202  
JACKSONVILLE FL 32211**

2. Principal Place of Business  
**1624 Alligator Creek Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**1624 Alligator Creek Rd**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Fernandina, FL**  
Zip  
**32034**  
Country  
**U.S. A.**

City & State  
**Fernandina, FL**  
Zip  
**32034**  
Country  
**U.S. A.**

4. FEI Number  
**59-3706724**

Applied For  
☐ Not Applicable

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

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

**STUBBS, D ELTON JR  
1624 ALLIGATOR CREEK RD  
FERNANDINA BEACH FL 32034**

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

Name  
**Peggy W. Stubbs**  
Street Address (P.O. Box Number is Not Acceptable)  
**1624 Alligator Creek Rd.**  
City  
**Fernandina, FL** Zip Code  
**32034**

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 *Peggy W. Stubbs*  
Signature, type or print name of registered agent and title if applicable.

*Peggy W. Stubbs*  
(NOTE: Registered Agent Signature required when reinstating)

*4-24-01*  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KERSEY, THOMAS  
2900 EIKO RD  
ELKO GA 31025** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
STUBBS, DELTON JR  
1624 ALLIGATOR CREEK RD  
FERNANDINA BEACH FL 32034** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Peggy W. Stubbs  
1624 Alligator Creek Rd.  
Fernandina, FL 32034** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 empowered.

SIGNATURE: *Peggy W. Stubbs*  
Signature and typed or printed name of signing officer or director

*Peggy W. Stubbs* *4/24/01*  
Date

*(904) 261-0509*  
Daytime Phone #

CR2E034 (10/00)