

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90321 041 ***150.00

DOCUMENT # P00000099800

1. Entity Name

GLOBAL FUTURES & OPTIONS, INC.

Principal Place of Business

**642 LAKEWORTH CIRCLE
HEATHROW FL 32746-5364**

Mailing Address

**642 LAKEWORTH CIRCLE
HEATHROW FL 32746-5364**

2. Principal Place of Business

**120 INTERNATIONAL PKWY
STE 220**

3. Mailing Address

P.O. Box 952439

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HEATHROW, FL

City & State

LAKE MARY, FL

Zip

32746

Country

Zip

32745-2439

Country

4. FEI Number

59-3678282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMES, JOHN
642 LAKEWORTH CIRCLE
HEATHROW FL 32746-5364**

7. Name and Address of New Registered Agent

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

JOHN SIMES

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/01

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 **DPST** ☐ Delete
NAME **SIMES, JOHN**
STREET ADDRESS **642 LAKEWORTH CIRCLE**
CITY-ST-ZIP **HEATHROW FL 32746-5364**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowered.

SIGNATURE:

JOHN SIMES, PRESIDENT

Date

Daytime Phone #

3/2/01

407-333-9961

CR2E034 (10/00)