## 2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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## FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P00000114604 GLOBAL LEADS, INC. 04-16-2001 90245 024 \*\*\*150.00 Principal Place of Business Mailing Address 1177 GEORGE BUSH BLVD. 1177 GEORGE BUSH BLVD. SUITE 308 SUITE 308 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address 141 NW 20th Street 141 NW 20th Street Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Boca Raton, FLorida 4. FEI Number Applied For City & State Boca Raton 65=106220C Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STILLMAN, L. VAN Street Address (P.O. Box Number is Not Acceptable) 1177 GEORGE BUSH BLVD. SUITE 308 **DELRAY BEACH FL 33483** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President **Addition** Delete TITLE ? TITLE NAME Donald LaBarre 500-South-Ocean Blvd., #505 NAME STREET ADDRESS STREET ADDRESS Boca Raton, Florida 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS .CITY-ST-ZIP CITY-ST-ZIF 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 chapted or on an attachment with an address with all cother like empowered.