

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90170 024 \*\*\*150.00

**DOCUMENT # P01000007548**

1. Entity Name

**GLOBAL SERVICES, INC.**

Principal Place of Business

**22445 SW 66TH AVE #201  
 BOCA RATON FL 33428**

Mailing Address

**22445 SW 66TH AVE #201  
 BOCA RATON FL 33428**

2. Principal Place of Business

**1112 Weston Rd.**

3. Mailing Address

**1112 Weston Rd.**

Suite, Apt. #, etc.

**#261**

Suite, Apt. #, etc.

**#261**

City & State

**Weston, FL**

City & State

**Weston, FL**

Zip

**33326**

Country

**USA**

Zip

**33326**

Country

**USA**

6. Name and Address of Current Registered Agent

**BAYLESS, PAUL D**

**22445 SW 66TH AVE #201**

**BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

**BAYLESS, PAUL D**

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

**8081 Bermuda Point Lane**

City

**Davie**

**FL**

Zip Code

**33328**

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

*Paul D. Bayless* **PAUL BAYLESS**

**4-26-02**

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 \$150.00**  
**After May 1, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAYLESS, PAUL D</b>	
STREET ADDRESS	<b>22445 SW 66TH AVE #201</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAYLESS, PAUL D</b>	
STREET ADDRESS	<b>8081 Bermuda Point Lane</b>	
CITY-ST-ZIP	<b>Davie, FL 33328</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERTS, RUSSEL</b>	
STREET ADDRESS	<b>4021 SAPPHIRE LN</b>	
CITY-ST-ZIP	<b>Weston, FL 33331-3174</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAYLESS, PAUL D</b>	
STREET ADDRESS	<b>8081 BERMUDA POINT LANE</b>	
CITY-ST-ZIP	<b>Davie, FL 33328</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Paul D. Bayless* **PAUL BAYLESS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-26-02 954-236-8515**

CR2E034 (9/01)