

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90037 039 ***150.00

0412544
 AV

DOCUMENT # P01000013614

1. Entity Name
GLOBE 2001, INC.

Principal Place of Business
**29127 RIVERGATE RUN #8
 WESLEY CHAPEL FL 33543**

Mailing Address
**29127 RIVERGATE RUN #8
 WESLEY CHAPEL FL 33543**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
12157 W. LINEBAUGH

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#306

City & State

City & State
TAMPA FL

Zip

Country

Zip
33626

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORILAK, KENNETH J
 4805 W. LAUREL STREET
 SUITE 230
 TAMPA FL 33607**

Name **RICHARD LEMMER**
 Street Address (P.O. Box Number is Not Acceptable)
12157 W. LINEBAUGH #306
 City **TAMPA** FL Zip Code **33626**

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 **RICHARD LEMMER** **Richard J Lemmer** **4-29-02**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ZOLTAN, CSERNUS 29127 RIVERGATE RUN #8 WESLEY CHAPEL FL 33543 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12157 W. LINEBAUGH #306 TAMPA FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

**813 -
 926 - 2229**

Daytime Phone #

CR2E034 (9/01)