FILED

UNIFORM BUSINE	Jul 17, 2003 8:00 am				
DOCUMENT # P0100 1. Entity Name GLOBAL REO INCORPORATED	00043604			ry of Sta	
Principal Place of Business 477 S. ROSEMARY AVENUE #301 WEST PALM BEACH FL 33401	Mailing Address 477 S. Rosemary Avenu West Palm Beach FL 33				
2. Principal Place of Business 632. H1615Cus Street Suite, Apt. #, etc.	Suite, Apt. #, etc.	eus Street	_	F MAKING CHANGES	JUHU 4(U) (U4)
City & State West PACNI BEACH FL	Suite #1 City & State West PAIM		4. FEI Number 65-1147902	Ar	pplied For
Zip Country USA	Zip 33401	Country USA	. 5Certificate of Status Desired	¢0.75 A	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Re	gistered Agent	
KONIGSBURG, DALE A ESQ		CCOUNTING & TAX	Sie un	iC	
4371 NORTHLAKE BLVD #306	Street Address (P.G. Box Number is Not Acceptable)	Burd		
PALM BEACH GARDENS FL		Suite	100		
		City FT. O	Randerdale	FL Zio Cod	
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, two-ed optimized partie of registered agent. FILE NOW!!! FEE IS \$550.00	Preside and title Papplicable. (NOTE:	registered office or register		DATE	and accept O May Be
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State			Trust Fund Contribution.	Added	I to Fees
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFIC		
ITITLE VPS AMBRIDGE, KATHLIEN 477 S. ROSEMARY AVENUE #30 WEST PALM BEACH FL 33401	☑ Delete D1	TITLE ASP NAME STREET ADDRESS CITY-ST-ZIP	HIBISCUS ST, #1	□ Change	Addition
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12. I hereby certify that the information supplied with this filling 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 cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Date

Daytime Phone #

☐ Change

Addition