

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096125

1. Entity Name
GLOBAL MORTGAGE CORPORATIONPrincipal Place of Business
102 COLUMBIA DRIVE #201
CAPE CANAVERAL FL 32920

Mailing Address

102 COLUMBIA DRIVE #201
CAPE CANAVERAL FL 329202. Principal Place of Business
14498 DOVER FOREST DR
Suite, Apt. #, etc.

3. Mailing Address

14498 DOVER FOREST DR
Suite, Apt. #, etc.City & State
ORLANDO, FL.
Zip 32828City & State
ORLANDO, FL.
Zip 328284. FEI Number
59-3749702Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANG, JOSEPHINE O
102 COLUMBIA DRIVE #201
CAPE CANAVERAL FL 32920

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

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 State10. 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 D Delete
NAME DANG, JOSEPHINE O
STREET ADDRESS 102 COLUMBIA DRIVE #201
CITY-ST-ZIP CAPE CANAVERAL FL 32920TITLE Change Addition
NAME JOSEPHINE O. DANG
STREET ADDRESS 14498 DOVER FOREST DRIVE
CITY-ST-ZIP ORLANDO, FL 32828TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
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CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE 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: *Josephine O. Dang*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 cell. #
407-701-8379 Daytime Phone #2002
04-23-2002

CR2E034 (9/01)