

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90265 018 ***150.00

DOCUMENT # P01000100184

1. Entity Name

GLOBAL VALUATION - FLORIDA, INC.

Principal Place of Business

Mailing Address

**3227 SE OCEAN BLVD., #100
 SEWALLS POINT FL 34996**

**3227 SE OCEAN BLVD., #100
 SEWALLS POINT FL 34996**

2. Principal Place of Business

3727 SE Ocean Blvd

3. Mailing Address

3727 SE Ocean Blvd

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Sewalls Point FL

City & State

Sewalls Point FL

Zip **34996**

Country **USA**

Zip **34996**

Country **USA**

4. FEI Number

65-1150319

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

**LUNDSTROM, DANIEL J
 4237 RIGELS COVE WAY
 JENSEN BEACH FL 34957**

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 use 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 **P** ☐ Delete
 NAME **SPEARS, THOMAS G**
 STREET ADDRESS **3227 SE OCEAN BLVD., #100**
 CITY-ST-ZIP **SEWALLS POINT FL 34996**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **EVP** ☐ Delete
 NAME **LUNDSTROM, DANIEL J**
 STREET ADDRESS **3227 SE OCEAN BLVD., #100**
 CITY-ST-ZIP **SEWALLS POINT FL 34996**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Date

Daytime Phone #

CR2E034 (9/01)