

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P01Q00110656

1. Entity Name
GLOBALNEX INCORPORATED



Principal Place of Business

200 S. HOOVER
BLDG 215, STE 120
TAMPA, FL 33609

Mailing Address

P.O. BOX 10637
TAMPA, FL 33679-0637

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3758290

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, MERRITT A
401 EAST JACKSON STREET STE 2650
TAMPA, FL 33602

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000050506
02/16/04-80013-010 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME TROY, BRIAN R
STREET ADDRESS 4320 WEST KENNEDY BLVD STE 100
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME MITCHELL, GEORGE L
STREET ADDRESS 4320 WEST KENNEDY BLVD STE 100
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME BATISTA, MICHAEL J
STREET ADDRESS 4320 WEST KENNEDY BLVD STE 100
CITY-ST-ZIP TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 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

Date

Daytime Phone #