2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
05-23-2002 90137 006 ***150.00

DOCUMENT # P01000121825

1. Entity Name
GLOBAL MARKETING PLASTICS AND ELECTRONICS, INC.

Principal Place of Business	Mailing Address
1502 NORTH DONNELLY STREET SUITE 110 MT. DORA FL 32757	1502 NORTH DONNELLY STREET SUITE 110 MT. DORA FL 32757

37533

2. Principal Place of Business	3. Mailing Address
1502 N. Donnelly St.	
Suite, Apt. #, etc.: Ste 110	Suite, Apt. #, etc.: Same
City & State: Mt. Dora, Fl.	City & State
Zip: 32757 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0574757 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PATRICK, EVELYN L
1502 NORTH DONNELLY STREET SUITE 110
MT. DORA FL 32757

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) Same
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]
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	Secty Eve Goold 19623 Spring Oak Dr. Eustis, FL 32736 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Evelyn Patrick Pres 9059 St. Andrews Way Mt. Dora, Fl. 32757 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] President 4-30-02 352-383-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #