

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90425 009 ***150.00

DOCUMENT # P02000062564

1. Entity Name
GLOBAL MARKETING FORCE, INC.



Principal Place of Business

10 N SUMMERLIN AVE, STE 37
ORLANDO FL 32801

Mailing Address

PO BOX 625
WINTER PARK FL 32790

2. Principal Place of Business

1133 LOUISIANA AVE STE 114

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

4. FEI Number

04-3694325

Applied For

Not Applicable

Zip

32789

Country

ORANGE

Zip

Country

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

MILLER, SOUTH & MILHAUSEN, P.A.
2699 LEE RD, SUITE 120
WINTER PARK FL 32789

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
PIPKIN, JOHN D
10 N SUMMERLIN AVE, STE 37
ORLANDO FL 32801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELET

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NAME
STREET ADDRESS
CITY - ST - ZIP
DVT
O'SHAUGHNESSY, TIMOTHY
10 N SUMMERLIN AVE, STE 37
ORLANDO FL 32801

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPVST
Timothy O'SHAUGHNESSY
1133 LOUISIANA AVE STE 114
WINTER PARK FL 32789

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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 #

CR2E034 (10/02)