2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000088499

1. Entity Name

SIGNATURE:

GLOBAL NETWORK MORTGAGE CORPORATION



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90177 044 ***158.75

23-03

Daytime Phone #

		WE TO			
Principal Place of Business 7395 GULF BLVD SUITE 2 ST PETE BEACH FL 33706	Mailing Address 7395 GULF BLVD SUITE 2 ST PETE BEACH FL 33706	1			
2. Principal Place of Business 7395 Gulf BLVD	3. Mailing Address	E BLUD	-	14 BB181 18101 18111 81018 18118 1811 1881	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF N	1AKING CHANGES	
ST- PETE BUY, FLA.	City & State	But, Fla	4. FEI Number 5.9 = 35.7.65.9	Applied For Not Applicable	
33706 TINE//AS	33706	CODATY TINE 11-95		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent Name		
JAMES ACCOUNTING & TAX SVC., INC.		Name	•		
8668 PARK BLVD.		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SUITE A SEMINOLE FL 33777		City		Zip Code	
8. The above named emity submits this statemen	t for the purpose of changing its r	egistered office or registe	red agent, or both, in the State of Florida		
the obligations of egistered agent. SIGNATURE	aisto		·		
Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department	1		9. Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees	
	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 11	
TITLE PRESIDENT		TITLE		☐ Change ☐ Addition 2	
NAME RILHARD CORBIT	J	NAME		(5	
CITY-ST-ZIP 1395 GULF BU 5T PETE BU	UD .4, FLA, 33706	STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition ☐	
STREET ADDRESS CITY-ST-ZIP	S. P. M	STREET ADDRESS	ر المراجعة المراجعة المحاجعة		
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NAME		NAME			
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NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
	with this filling does not qualify for t		option 110 07/3\(i) Electeda Statutas 14-4	har cartifu that the information	
12. I hereby certify that the information supplied vindicated on this report or supplemental report of the corporation or the receiver or krustee en changed, or on an attachment with an address	npowered to execute this report a specific with all other like empowered.	y signature shall have the s required by Chapter 60.	same legal effect as if made under oath; 7, Florida Statutes; and that my name ap	that I am an officer or director pears in Block 10 or Block 11 if	