

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90088 030 \*\*\*150.00

**DOCUMENT # P04000156939**

1. Entity Name  
**FIRST GLOBAL SERVICES, INC.**



Principal Place of Business  
**21959 US HWY 19 N  
CLEARWATER, FL 33765**

Mailing Address  
**21959 US HWY 19 N  
CLEARWATER, FL 33765**

**60024895**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**51-0426826**

Applied For  
Not Applicable

Zip

Country

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

**BEVINS, JAY C  
21959 US HWY 19 N  
CLEARWATER, FL 33765**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BEVINS, JAY C**  
STREET ADDRESS **7100 ULMERTON RD #2154**  
CITY-STATE-ZIP **LARGO, FL 33771**

TITLE **VP** ☐ Delete  
NAME **SCHUERMAN, COREY H**  
STREET ADDRESS **324 N DALE MABRY HWY - STE 201**  
CITY-STATE-ZIP **TAMPA, FL 33609**

TITLE **VP** ☐ Delete  
NAME **SCHUERMAN, CRAIG**  
STREET ADDRESS **7100 ULMERTON RD #2154**  
CITY-STATE-ZIP **LARGO, FL 33771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**X 03-13-2007 (727 923 900)**  
Date Daytime Phone #

ATTACHMENT

#P04000156939/60024895

Jim Smith, CFA  
Pinellas County Property Appraiser  
Tangible Personal Property Dept.  
P.O. Box 1957  
Clearwater, FL 33757-1957

## TANGIBLE PERSONAL PROPERTY TAX RETURN

Confidential § 193.074 F.S.  
As Required by § 193.052 & § 193.062 F.S.  
RETURN TO COUNTY PROPERTY APPRAISER  
BY APRIL 1 TO AVOID PENALTIES

STATE OF FLORIDA  
COUNTY OF  
**PINELLAS**  
2007

Return Original. No photocopied signatures accepted.

DST: CW AREA: 07 SPEC:

FEDERAL EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER

51-0526826

First Global Services, Inc.

Jim Smith, CFA  
Pinellas County Property Appraiser  
Post Office Box 1957  
Clearwater FL 33757-1957

21959 US Highway 19 N  
Clearwater FL 33765-2359

DO NOT DUPLICATE FORM FOR OTHER ACCOUNTS, BARCODES ARE ACCOUNT SPECIFIC.



Account #: 0805302

Mailing Convention: Business Name DBA  
(Doing Business As). Then Corporate Name

THIS RETURN IS SUBJECT TO AUDIT WITH ALL RECORDS KEPT BY YOU. INCOMPLETE ENTRIES ARE SUBJECT TO PENALTIES.

1. Please Give Name and Telephone Number of Owner or Person in Charge of This Business.

Name: First Global Services, Inc.

Tel. #: 727-723-7900

Fax #:

Corp Name: First Global Services, Inc.

E-mail Address:

2. Actual Physical Location of Tangible Property as of January 1st of Current Year:

(Street Address - NOT PO BOX)

21959 US Highway 19 N

3. Date You Began Business in Pinellas County: 1/01/05

Fiscal Year: From to

4. Describe Type of Business:

Telemarketing

Trade Level: (Check as many as apply)

☐ Retail☐ Wholesale☐ Mfg.☐ Professional☒ Service☐ Agriculture☐ Leasing/Rental☐ Other

Type of Product or Service: Timeshares

ADDRESS OR OTHER CORRECTIONS:

5. Did You File a Tangible Personal Property Return in Pinellas County Last Year?

☒ Yes ☐ No

If so, Under What Name?, and Where?

Same as above

6. Former Owner of the Busn.:

6a. If Business Sold, to Whom?

7. Location of Accounting Records if Different From Physical Location:

## PERSONAL PROPERTY SUMMARY

The Schedules on the REVERSE SIDE Must Be Completed in Detail and TOTALS Entered Below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE Showing Original Cost and Date of Acquisition.

TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE

ORIGINAL INSTALLED COST

APPRAISER'S USE ONLY

8. Office Furniture, Office Machines and Library

7,500

9. EDP Equipment, Computers, Word Processors.

28,099

10. Store, Bar and Lounge, Restaurant Furniture and Equipment, Etc.

11. Machinery and Manufacturing Equipment

12. Professional, Medical, Dental and Laboratory Equipment

13. Hotel, Motel and Apartments - Stove, Refrigerator, Furniture, Drapes, etc.

14. Service Station and Bulk Plant Equipment - Underground Tanks, Lifts, Tools

15. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.

16. Leasehold Improvements - Must be Grouped by Type, Year of Installation and Desc.

17. Equipment Owned by You but Rented, Leased or Held by Others

18. Supplies - Not held for Resale

19. Other - Please Specify (e.g. I.R.S. Code Section 179 Assets)

TOTAL PERSONAL PROPERTY

35,599

I hereby certify that the information and valuations stated above by me are true and correct to the best of my knowledge and belief. If prepared by someone other than the taxpayer, his/her declaration is based on all information of which he/she has any knowledge.

DATE: 1-13-2007 TITLE: President

SIGNED: Jay C. Bevers

SIGNED: (TANGIBLE PROPERTY OWNER)

(PREPARED BY) Lichtenstein Briefman Glass &amp; Vross

ADDRESS: Sarasota FL 34239-4502

PHONE NO: 941-366-3737 PREPARED BY ID: 65-1055509

APPRAISER'S INITIALS

PLEASE SIGN AND DATE YOUR RETURN. SEND THIS ORIGINAL TO THE PINELLAS COUNTY APPRAISER'S OFFICE BY APRIL 1st. UNSIGNED RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE.

TURN OVER - SCHEDULES ON REVERSE SIDE MUST BE COMPLETED IN FULL

## ATTACHMENT

# P84 000156939/60024895

NAME OF BUSINESS First Global Services, Inc.ACCOUNT NUMBER 0805302 YEAR 2007

## PAGE 2 TANGIBLE PERSONAL PROPERTY TAX SCHEDULES (ENTER TOTALS ON PAGE 1)

## ASSETS PHYSICALLY REMOVED DURING LAST YEAR (Disposals ONLY)

Property Fully Depreciated but Continuing in Service Must be Reported on the Schedules Below.

## DISPOSITION INFORMATION

(If sold, please attach a copy of sales/purchase agreement with schedules and name, address and phone number of buyer)

DESCRIPTION OF ITEM	AGE	YEAR ACQ.	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	ORIGINAL INSTALLED COST	
					1

## LEASED, LOANED AND RENTED EQUIPMENT (Please complete if you hold equipment belonging to others)

NAME AND ADDRESS OF OWNER OR LESSOR	DESCRIPTION	YEAR ACQUIRED	YEAR OF MFG.	RENT PER MONTH	RETAIL INSTALLED COST NEW

LINE 8 Enter Applicable Line Number (8-19) From Page 1

## APPRAISER'S USE ONLY

DESCRIPTION OF ITEM	AGE	YEAR ACQ.	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	TAXPAYER'S ESTIMATE OF CONDITION	GOOD	AVG.	POOR	ORIGINAL INSTALLED COST	CONDITION
DESKS, CHAIRS, PARTITIONS	2	2005		X				7,500	
Enter TOTALS on Front - Continue on Sep. Sheet if Necessary				X				7,500	X

LINE 9 Enter Applicable Line Number (8-19) From Page 1

DIALER & MSI BOARDS	2	2005		X				19,698	
AUTODIALER SOFTWARE	2	2005		X				1,000	
17" LCD MONITOR	2	2005		X				640	
See Statement 1								6,761	
Enter TOTALS on Front - Continue on Sep. Sheet if Necessary				X				28,099	X

## LINE Enter Applicable Line Number (8-19) From Page 1

Enter TOTALS on Front - Continue on Sep. Sheet if Necessary				X					X

## LINE 17 EQUIPMENT OWNED BY YOU BUT RENTED, LEASED OR HELD BY OTHERS

LEASE NO.	NAME/ADDRESS OF LESSEE	DESCRIPTION OF ITEM	AGE	YEAR ACQ.	RENT PER MO.	T E R M	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	TAXPAYER'S ESTIMATE OF CONDITION	GOOD	AVG.	POOR	RETAIL INSTALLED COST NEW
Enter TOTALS on Front - Continue on Separate Sheet if Necessary									X			

5011 First Global Services, Inc.  
51-0526826  
FYE: 12/31/2006

## Florida Statements

2/28/2007 11:45 AM

### 21959 US Highway 19 N

#### Statement 1 - Form PA-405 - EDP Equipment, Word Processors

Description	Age	Year Purchased	FMV	Good	Avg	Poor	Original Cost
TRAVEL CLUB MARKETING SOFTWARE	2	2005	\$		X		2,000
COMPUTER & SOFTWARE	1	2006			X		932
COMPUTER	1	2006			X		978
COMPUTER & PHONE	1	2006			X		614
240SC COMPUTER BOARDS T-1	1	2006			X		1,254
DIALER BOX & BACKPLATE	1	2006			X		983
Total			\$	0			\$ 6,761

ATTACHMENT

60024845  
# P04000156939

ATTACHMENT

# P040001516939/60024895

A15208



Jim Smith, CFA  
Pinellas County Property Appraiser  
Tangible Personal Property Dept.  
P.O. Box 1957  
Clearwater, FL 33757-1957

**TANGIBLE PERSONAL PROPERTY TAX RETURN**

Confidential \$193.074 F.S.  
As Required by \$193.052 & \$193.062 F.S.

RETURN TO COUNTY PROPERTY APPRAISER  
BY APRIL 1 TO AVOID PENALTIES

STATE OF FLORIDA  
COUNTY OF  
**PINELLAS**  
2007

Return Original. No photocopied signatures accepted.

FEDERAL EMPLOYER IDENTIFICATION NUMBER

51-0426826

SOCIAL SECURITY NUMBER

[ ] - [ ] - [ ]

DST: CW AREA: 07



FIRST GLOBAL SERVICES  
21959 US HIGHWAY 19 N  
CLEARWATER FL 33765-2359

Jim Smith, CFA  
Pinellas County Property Appraiser  
Tangible Personal Property Dept.  
P.O. Box 1957  
Clearwater, FL 33757-1957



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(Doing Business As). Then Corporate Name

**THIS RETURN IS SUBJECT TO AUDIT WITH ALL RECORDS KEPT BY YOU. INCOMPLETE ENTRIES ARE SUBJECT TO PENALTIES.**

1. Please Give Name and Telephone Number of Owner or Person in Charge of This Business.

Name: \_\_\_\_\_

Tel. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Corp Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Actual Physical Location of Tangible Property as of January 1<sup>st</sup> of Current Year:(Street Address - NOT PO BOX) 21959 US HIGHWAY 19 N

2a. Sq. Ft.: \_\_\_\_\_

3. Date You Began Business in Pinellas County:

Fiscal Year: From \_\_\_\_\_ to \_\_\_\_\_

4. Describe Type of Business: \_\_\_\_\_

Trade Level: (Check as many as apply) ☐ Retail ☐ Wholesale ☐ Manufacturing☐ Professional ☐ Service ☐ Agriculture ☐ Leasing/Rental ☐ Other

Type of Product or Service: \_\_\_\_\_

ADDRESS OR OTHER CORRECTIONS:

5. Did You File a Tangible Personal Property Return in Pinellas County Last Year?

☐ Yes ☐ No If Yes, Under What Name?, and Where? \_\_\_\_\_

6. Former Owner of the Business: \_\_\_\_\_

6a. If Business Sold, to Whom? \_\_\_\_\_

7. Location of Accounting Records if Different From Physical Location: \_\_\_\_\_

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19. Other - Please Specify (e.g. I.R.S. Code Section 179 Assets)

**TOTAL PERSONAL PROPERTY**

I hereby certify that the information and valuations stated above by me are true and correct to the best of my knowledge and belief. If prepared by someone other than the taxpayer, his/her declaration is based on all information of which he/she has any knowledge.

DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(TANGIBLE PROPERTY OWNER)SIGNED: \_\_\_\_\_  
(PREPARER)

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ PREPARER'S ID: \_\_\_\_\_

TAXPAYER'S ESTIMATE  
OF FAIR MARKET  
VALUE

ORIGINAL  
INSTALLED  
COST

APPRAISER'S  
USE  
ONLY

APPRAISER'S  
INITIALS

PLEASE SIGN AND DATE YOUR RETURN. SEND THIS  
ORIGINAL TO THE PINELLAS COUNTY APPRAISER'S OFFICE  
BY APRIL 1st. UNSIGNED RETURNS CANNOT BE ACCEPTED  
BY THE APPRAISER'S OFFICE.  
Questions Call: (727) 582-3160

**TURN OVER - SCHEDULES ON REVERSE SIDE MUST BE COMPLETED IN FULL**