

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90014 023 ***158.75

DOCUMENT # P25239

1. Entity Name

GLOBAL TECHNOVATIONS, INC.

Principal Place of Business

Mailing Address

**7108 FAIRWAY DR.
 SUITE 200
 PALM BEACH GARDENS FL 33418-3757
 US**

**7108 FAIRWAY DR.
 SUITE 200
 PALM BEACH GARDENS FL 33418-3757
 US**

2. Principal Place of Business

3. Mailing Address

7108 FAIRWAY DRIVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 130

SUITE 130

City & State

City & State

PALM BEACH GARDENS, FL

SAME

Zip

Country

Zip

Country

33418

SAME

4. FEI Number

84-1027821

Applied For

Not Applicable

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

**HARRIS, MICHAEL D
 1645 PALM BEACH LAKES BLVD., STE 550
 WEST PALM BEACH FL 33401**

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.

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	D	<input type="checkbox"/> Delete
NAME	MENNEN, G. JEFF	
STREET ADDRESS	258 HANOVER RD	
CITY-ST-ZIP	FLORHAM PARK NJ 07932	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	WILLIS, WILLIAM C	
STREET ADDRESS	7108 FAIRWAY DR #200	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURD, RONALD P	
STREET ADDRESS	444 DEVEREUX DR	
CITY-ST-ZIP	VILLANOVA PA 19085	
TITLE	D	<input type="checkbox"/> Delete
NAME	VICKAR, L. KERRY	
STREET ADDRESS	701 RICKERT ST	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	VP & D	<input type="checkbox"/> Delete
NAME	NATAN, DAVID	
STREET ADDRESS	7108 FAIRWAY DR STE 200	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418-3757	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIETRANGELO, MICHAEL	
STREET ADDRESS	6410 POPLAR AVE., STE 190	
CITY-ST-ZIP	MEMPHIS TX 38119	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

561-775-5756

Daytime Phone #

CR2E034 (9/01)