

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90142 049 ***150.00

DOCUMENT # P93000052196

1. Entity Name
GLOBAL SALES AND MARKETING, INC.

Principal Place of Business

**3030 GRAND BAY BLVD.
SUITE 362
LONGBOAT KEY FL 34228
US**

Mailing Address

**3030 GRAND BAY BLVD.
SUITE 362
LONGBOAT KEY FL 34228
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0432585

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

**WOLLAND, FRANK
12865 WEST DIXIE HWY
N MIAMI FL 33161**

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 **PRESIDENT** ☒ Delete
NAME **OZAROFF, GARY**
STREET ADDRESS **205 GOLDEN GATE POINT, #402B**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **OZAROFF GARY**
STREET ADDRESS **3030 GRAND BAY BLVD - SUITE 362**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: **GARY OZAROFF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/18/02** (941) 387-0645
Daytime Phone #

CR2E034 (9/01)