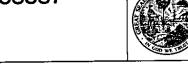
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000058587 DOCUMENT

SIGNATURE



FILED Feb 12, 2003 8:00 am Secretary of State

2/6/03 813752844/

GLOBAL H			02-12-2003 90083 046 ***130.00							
13514 GLEN HARWELL RD 13514 GLEN H								LEN HARWELL RD	HARWELL RD	
2. Principal Pla	ace of Business	Mailing Address 13514 GLEN HARWELL RD DOVER FL 35527 US 3. Mailing Address Suite, Ayr N. etc.	1111 1881 1881							
Suite, Apt. #	* 91 1-1	Suite,	Apt. ¥, etc.	+ '		☐ CHECK HERE IF MA	KING CH	ANGES		
City & State		City &	State		4. F	El Number 59-3267124				
Zip	Country	Zip		Country	5. C	Certificate of Status Desired		75 Add	itional	
	6. Name and Address of Current Re	gistered	Agent		7. N	lame and Address of New Registe				
		×	·- -	Name		,				
WEBSTER,				Street: Address	- Street: Address (P.O.: Box Number is Not Acceptable)					
15514 GLEN HARWELL ROAD DOVER FL 33527										
DOVER FL	33321		بيت سيح بتدسي	City		777/		Zip Code	е	
						a- bash in the State of Florida		liar with	and accept	
	named entity submits this statement for the ons of registered agent.	ne purpos	se of changing its re	gistered office or regist	tered agi	ent, or both, in the state of Florida.	i aili iailii	iligii vviiii,	and decopt	
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applic	able. (NOTE: F	tegistered Agent signature requi	ired when re	pinstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	toto	· · · · · · · · · · · · · · · · · · ·			, -				
Make Check	Payable to Florida Department of S		S	11.	AD	L DITIONS/CHANGES TO OFFICER	S AND DIF	RECTORS	3 IN 11	
TITLE	P							Change	☐ Addition	
NAME	WEBSTER, JAYE G									
STREET ADDRESS (4315 BARRET AVE PLANT CITY FL 33567									
TITLE	1241		☐ Delete	TITLE				Change	Addition	
NAME										
STREET ADDRESS				1		,				
CITY-ST-ZIP			Delete					Change	Addition	
NAME									ļ	
STREET ADDRESS CITY-ST-ZIP										
TITLE			Delete	· · · · · · · · · · · · · · · · · · ·) Change	Addition	
NAME STREET ADDRESS						· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP				CITY-ST-ZIP	•					
TITLE	<u> </u>		☐ Delete	_ .	_		_ [] Change	Addition	
NAME										
STREET ADDRESS CITY-ST-ZIP										
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NAME										
STREET ADDRESS										
CITY-ST-ZIP					.	440.07(0)(i) Florido Districto (5.55)	201.004.6	that the	information	
12. I hereby indicated of the co-	certify that the infarmation supplied with the on this report or supplemental report is the reportant are reported in the receiver or trustee empower, or on an aylachment in the an address, with the an address, with the control of	his filing of rue and a vered to e th all othe	does not qualify for t accurate and that me execute this report a er like empowered.	the exemption stated in y signature shall have the s required by Chapter in	i Section he same 607, Flor	legal effect as if made under oath; ida Statutes; and that my name app	that I am bears in B	an officer lock 10 o	or director r Block 11 if	