

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000077900**

Entity Name
GLOBAL AMUSEMENT CONCEPTS, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90132 039 ***150.00

Principal Place of Business
**645 MAYPORT RD
SUITE 3A
ATLANTIC BEACH FL 32233
US**

Mailing Address
**P.O. BOX 330 869
ATLANTIC BEACH FL 32233
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 59-3304676		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
O'MALLEY, KEVIN 515 N. 11TH AVE JACKSONVILLE BEACH FL 32250				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			

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 _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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																				
<table border="1"> <tr> <td>NAME</td> <td>P O'MALLEY, KEVIN</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>515 N. 11TH AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE BEACH FL 32233</td> <td></td> </tr> </table>	NAME	P O'MALLEY, KEVIN	<input type="checkbox"/> Delete	STREET ADDRESS	515 N. 11TH AVE		CITY - ST - ZIP	JACKSONVILLE BEACH FL 32233		<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>O'MALLEY, KEVIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1330 OCEAN BLVD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ATLANTIC BEACH FL 32233</td> <td></td> </tr> </table>	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	O'MALLEY, KEVIN		STREET ADDRESS	1330 OCEAN BLVD.		CITY - ST - ZIP	ATLANTIC BEACH FL 32233	
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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: **SIG Kevin O'Malley** **KEVIN O'MALLEY** **2/5/02** **(904) 249-2818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)