2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013867

NAME

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

GLOBAL MARKETING ASSOCIATES, INC.

Mailing Address Principal Place of Business 4981 61 ST. AVE. SOUTH 1001 61ST. AVE. SOUTH **ST PETERSBURG FL 33715-1623** ST PETERSBURG FL 33715-1623 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3300563 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JARUSH, RONALD Street Address (P.O. Box Number is Not Acceptable) 4981 61ST AVENUE SOUTH ST PETERSBURG FL 33715-1623 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change Addition TITLE ☐ Delete TITLE JARUSH, RONALD J NAME STREET ADDRESS STREET ADDRESS 4981 61ST. AVE. SOUTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33715-1623 ☐ Change ☐ Addition TITLE ☐ Delete TITLE JARUSH, LUCIA D NAME NAME STREET ADDRESS STREET ADDRESS 4981 61ST. AVE. SOUTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33715-1623 ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 attachorem with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90024 002 ***150.00