FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

## Jan 12, 2001 8:00 am DOCUMENT # P9600000445 Secretary of State GLOBAL HORIZONS, INC. 01-12-2001 90010 045 \*\*\*150.00 Principal Place of Business Mailing Address 1801 GLENGARY STREET 1801 GLENGARY STREET SUITE 202 SUITE 202 SARASOTA FL 34231 SARASOTA FL 34231 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3354871 City & State Not Applicable Country \$8.75 Additional 7ip Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 3844 BEE RIDGE ROAD SUITE 202 SARASOTA FL 34233 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME VAN WINKLE, JAMES T JR. STREET ADDRESS STREET ADDRESS 1801 GLENGARY STREET, #202 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Change ☐ Addition TITLE ☐ Delete TITLE VAN WINKLE, MARY E. STREET ADDRESS STREET ADDRESS 3844 BEE RIDGE RD, #202 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change [ ] Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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.