2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000022749** Apr 22, 2000 8:00 am Secretary of State GLOBAL INTELLIGENCE NETWORK INC. 04-22-2000 90113 020 ***150.00 Principal Place of Business Mailing Address 2293 SMOKEY PARK HWY 2293 SMOKEY PARK HWY CANDLER NC 28701-9755 CANDLER NC 28715 us 2 Principal Place of Business 13 REDMOND DRIVE 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0650507 ALEXANDER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418 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 KIMBERLY R RAPHAEL FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. RAPHAEL, KIMBERLY R 13 REDMOND DRIVE ☐ Delete TITLE TITLE SMITH, KIMBERLY R NAME NAME STREET ADDRESS 2293 SMOKEY PARK HWY STREET ADDRESS ALCXANDER NC 28701 CITY-ST-ZIP CITY-ST-ZIP CANDLER NO X Change ☐ Addition ☐ Delete TITLE RAPHAEL, CARLS 13 REDMOND DEIVE NAME RAPHAEL, CARL S NAME STREET ADDRESS STREET ADDRESS 2293 SMOKEY PARK HWY ALEXANDER NC 28701 CITY-ST-ZIP CITY-ST-ZIP CANDLER NO ☐ Delete TITLE Change Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition