

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028275

1. Entity Name
GLOBAL MILITARY MARKETING, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90060 044 ***150.00

Principal Place of Business
1311 COUNTRY CLUB RD.
GULF BREEZE FL 32561
US

Mailing Address
1294 GREENVIEW LN
GULF BREEZE FL 32561

2. Principal Place of Business
1288 Country Club Road

3. Mailing Address
1288 Country Club Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gulf Breeze, FL

City & State
Gulf Breeze, FL

4. FEI Number 59-3379906

Applied For
Not Applicable

Zip
32561

Country
Santa Rosa

Zip
32561

Country
Santa Rosa

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAGNER, PUAL F
1294 GREENVIEW LN
GULF BREEZE FL 32561

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-instating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
STAGNER, PAUL F
1294 GREENVIEW LN
GULF BREEZE FL 32561 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul F. Stagner 4/24/01 (850)934-0715

Date

Daytime Phone #

CR2E034 (10/00)