## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **P96000039745** GLOBALKNOW CORPORATION 04-25-2000 90139 025 \*\*\*150.00 Mailing Address Principal Place of Business 24703 U.S. HIGHWAY 19 NORTH 24703 U.S. HIGHWAY 19 NORTH **SUITE 224** SUITE 224 CLEARWATER FL 34623 CLEARWATER FL 33763-4087 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. ~~ · · \_~ City & State Applied For City & State 4. FEI Number 59-3377694 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIZER, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 24703 U.S. HIGHWAY 19 NORTH SUITE 224 CLEARWATER FL 34623 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 titing requirement and elects to do so. Trust Fund Contribution: Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPC Change ☐ Addition TITLE Delete TITLE RICHARD G. KIZER 2700 SAND HOLLOW COURT KIZER, RICHARD G NAME NAME STREET ADDRESS 2753 FOX FIRE CT STREET ADDRESS CLEARWATER, FL 33761 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33761** Delete Change ☐ Addition TITLE n EDWARDS, MONTE NAME NAME STREET ADDRESS 215 MERRITT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSWELL GA 30076 Change ☐ Addition X Delete TITLE TITLE KIZER, CARMEN L NAME NAME STREET ADDRESS STREET ADDRESS 2753 FOX FIRE CT CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 Change ☐ Addition Delete 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-ZIP Addition Delete TITLE Change TITLE NAME STREET ADDRESS 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 fustee 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 attachryant with an address, with all other like empowered.