

2004 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90101 027 \*\*\*150.00

**DOCUMENT #** P96000056602

**1. Entity Name**

GLOBE INTERTRADE CO



**DO NOT WRITE IN THIS SPACE**

**44033474**

**2. Principal Place of Business**  
4048 EVANDER DR

**3. Mailing Address**  
31347 E FEKETE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
ORLANDO FL

**City & State**  
HAMMOND LA

**4. FEI Number**  
65-0677750

**Applied For**  
Not Applicable

**Zip**  
32812

**Country**  
USA

**Zip**  
70403

**Country**  
USA

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

VERMEY JIM J

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

4048 EVANDER DR

**City**

ORLANDO

**FL**

**Zip Code**

32812

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent Signature required when reinstating)

**DATE**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

PD VERMEY JIM J  
4048 EVANDER DR  
ORLANDO FL 32812

**TITLE**  
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**DO NOT WRITE IN THIS SPACE**

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

CR2E034B (12/02)