

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 08:00 AM****Secretary of State****DOCUMENT # P96000074906****1. Entity Name**

GLOBENET STOCK EXCHANGE, INC.

**Principal Place of Business**507 N NEW YORK AVE  
STE 200  
WINTER PARK  
32789

FL

US

**Mailing Address**507 N NEW YORK AVE  
STE 200  
WINTER PARK  
32789

FL

US

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

59-3420974

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**FIELDS RANDOLPH H  
111 NORTH ORANGE AVENUE #2050

ORLANDO

FL

32801

US

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

Name

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

City

FL

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 signature required when reinstating)

05/01/2000

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, 2000 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**

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32812	<input type="checkbox"/> Delete
		WILLSEY ALAN G	5123 BELLEVILLE AVE	ORLANDO			

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32792	<input type="checkbox"/> Delete
		SEMONES BOB	2220 FAIRGLEN WAY	WINTER PARK			

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32792	<input type="checkbox"/> Delete
		MAGILL LOUIS C	115 LONGBRANCH ROAD	WINTER PARK			

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32792	<input type="checkbox"/> Delete

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32792	<input type="checkbox"/> Delete

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32792	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32789	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		WILLSEY ALAN G	507 N NEW YORK AVENUE - STE 200	WINTER PARK				

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32789	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		SEMONES BOB	507 N NEW YORK AVENUE - STE 200	WINTER PARK				

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32789	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		MAGILL LOUIS C	507 N NEW YORK AVENUE - STE 200	WINTER PARK				

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32789	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32789	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	VSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32789	<input type="checkbox"/> Change	<input type="checkbox"/> 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: LOUIS C MAGILL

PD

05/01/2000