

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 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 US

FL

Mailing Address

507 N NEW YORK AVE
STE 200
WINTER PARK
32789 US

FL

2. Principal Place of Business

220 E CENTRAL PARKWAY

3. Mailing Address

220 E CENTRAL PARKWAY

Suite, Apt. #, etc.
SUITE 4010Suite, Apt. #, etc.
SUITE 4010City & State
ALTAMONTE SPRINGS FLCity & State
ALTAMONTE SPRINGS FLZip
32701Country
USZip
32701Country
US4. FEI Number
59-3420974

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FIELDS RANDOLPH H
111 NORTH ORANGE AVENUE #2050ORLANDO 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 _____ 04/30/2001

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WILLSEY ALAN G	
STREET ADDRESS	507 N NEW YORK AVENUE - STE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SEMONES BOB	
STREET ADDRESS	507 N NEW YORK AVENUE - STE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAGILL LOUIS C	
STREET ADDRESS	507 N NEW YORK AVENUE - STE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN MONTY K	
STREET ADDRESS	220 E CENTRAL PKWY, SUITE 4010	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLSEY ALAN G	
STREET ADDRESS	220 E CENTRAL PKWY, SUITE 4010	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMONES BOB	
STREET ADDRESS	220 E CENTRAL PKWY, SUITE 4010	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: ALAN G. WILLSEY

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)