

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026276

1. Entity Name

GLOBAL DEVELOPMENT & INVESTMENT, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90032 034 ***150.00

Principal Place of Business

Mailing Address

777 EAST ATLANTIC AVE.
#100
DELRAY BEACH FL 33483

777 EAST ATLANTIC AVE.
#100
DELRAY BEACH FL 33483-5360

2. Principal Place of Business

3. Mailing Address

15 RIDGE BLVD

15 RIDGE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCEAN RIDGE, FL

OCEAN RIDGE, FL

Zip

Country

Zip

Country

33435

USA

33435

USA

4. FEI Number

65-0746194

Applied For

Not Applicable

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

TROY, SPENCER
15 RIDGE BLVD.
OCEAN RIDGE FL 33435

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

Spencer Troy

SPENCER TROY

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TROY, SPENCER	
STREET ADDRESS	15 RIDGE BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
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CITY-ST-ZIP		

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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:

Spencer Troy SPENCER TROY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

561 289 3274

Daytime Phone #

CR2004 (9/99)