

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045259

Entity Name

GLOBAL MARKETING, INC.

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90005 050 \*\*\*550.00

Principal Place of Business

Mailing Address

MAIN STREET  
1001  
FL 34236

1605 MAIN STREET  
SUITE 1001  
SARASOTA FL 34236-5861

00076701

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0758510

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSMITH, STANLEY A  
1605 MAIN STREET  
SUITE 1001  
SARASOTA FL 34236

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS  
ST-ZIP

DPS  
COYNE, R. KINGSTON  
1605 MAIN STREET, STE 1109  
SARASOTA FL 34236

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS  
ST-ZIP

DVT  
YORK, C. DOUGLAS  
1605 MAIN STREET, STE 1109  
SARASOTA FL 34236

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS  
ST-ZIP

AT  
YORK, C. DOUGLAS  
1605 MAIN STREET, STE 1109  
SARASOTA FL 34236

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS  
ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 687, Florida Statutes; and that my name appears in Block 11 or Block 12.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/00

(941) 955-4990