

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90256 035 \*\*\*150.00

**DOCUMENT # P97000065859**

1. Entity Name

**GLOBAL VALUATION, INC.**

Principal Place of Business

Mailing Address

19305 N.W. 12TH STREET  
 PEMBROKE PINES FL 33029

19305 N.W. 12TH STREET  
 PEMBROKE PINES FL 33029

2. Principal Place of Business

**8264 Sandpine Circle**

3. Mailing Address

**8264 Sandpine Cir**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Port ST. LUCIE, FLA**

City & State

**Port ST. LUCIE, FLA**

4. FEI Number **65-0769160**

Applied For

Not Applicable

Zip **34952**

Country **ST. LUCIE**

Zip **34952**

Country **ST. LUCIE**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPEARS, THOMAS G**  
 19305 N.W. 12TH STREET  
 PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name **SPEARS, THOMAS G**

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

**8264 Sandpine Circle**

City **Port ST. LUCIE FL**

Zip Code **34952**

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

*Thomas G. Spears*

**4/30/01**

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 elect 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 **DPCE** ☐ Delete

NAME **SPEARS, THOMAS G**

STREET ADDRESS **19305 N.W. 12TH STREET**

CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **8264 Sandpine Cir** ☐ Delete

NAME **Port ST. LUCIE, FLA**

STREET ADDRESS **34952**

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Thomas G. Spears*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/01**

**(954) 435-8360**

Date

Daytime Phone #

CR2E034 (10/00)