

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077852

1. Entity Name

GLOBALTEXT, INC.

FILED

Jun 08, 2000 8:00 am  
Secretary of State

06-08-2000 90012 008 \*\*\*158.75

Principal Place of Business

Mailing Address

1023 LIBERTY ST  
JACKSONVILLE FL 32206

1023 LIBERTY ST  
JACKSONVILLE FL 32206-5678

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3466652

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

DAVIS, JOHN D  
4543 WESCONNETT BLVD  
JACKSONVILLE FL 32210

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)

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	VD	<input type="checkbox"/> Delete
NAME	ALI, RAHMAN	
STREET ADDRESS	1023 N LIBERTY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PASHA, NELRAE	
STREET ADDRESS	1023 N LIBERTY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	JOHN D DAVIS	
STREET ADDRESS	4543 WESCONNETT BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	SHEILA L CURRY	
STREET ADDRESS	5811 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALI, NELRAE P.	
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

*Rahman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MAY 12, 00*  
Date Daytime Phone #