

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108589

1. Entity Name

GLOBALIGHTQUEST, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90042 026 \*\*\*150.00

Principal Place of Business

Mailing Address

ROUTE 1  
BOX 1065  
COLLINS GA 30421

ROUTE 1  
BOX 1065  
COLLINS GA 30421-9777

2. Principal Place of Business

3. Mailing Address

2 Shelter Cove Lane  
Suite, Apt. #, etc. Port  
Captains Quarters Ste. 238

2 Shelter Cove Lane  
Suite, Apt. #, etc. Port  
Captains Quarters Ste. 238

City & State  
Hilton Head Is, S.C.  
Zip  
29928  
Country  
USA

City & State  
Hilton Head Is, S.C.  
Zip  
29928  
Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2367253  
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

ZEALY, BARBARA  
7630 N.W. 11TH PLACE  
FT. LAUDERDALE FL 33322

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 \_\_\_\_\_ (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 ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME EASON, DEBRA J  
STREET ADDRESS RT 1, BOX 1065  
CITY-ST-ZIP COLLINS GA 30421

TITLE V.P. Marketing  
NAME E. GENE PAIGE  
STREET ADDRESS 3315 Pinewalk Dr. N. Ste. 108  
CITY-ST-ZIP Margate, FL 33063

TITLE CEO  
NAME LOGAN, MS  
STREET ADDRESS RT 1, BOX 1065  
CITY-ST-ZIP COLLINS GA 30421

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME BALLUCH, DEBORAH F  
STREET ADDRESS 6198 LITTLE VALLEY WAY  
CITY-ST-ZIP ALEXANDRIA VA 22310

TITLE VP.  
NAME BALUCH, DEBORAH F  
STREET ADDRESS 6009 "P" Rockcliff Lane  
CITY-ST-ZIP Alexandria, VA 22315

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME EASON, DEBRA J.  
STREET ADDRESS 2 Shelter Cove Ln. Captains Quarters  
CITY-ST-ZIP Port Ste. 238 Hilton Head Is, SC 29928

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO  
NAME LOGAN, MS.  
STREET ADDRESS 2 Shelter Cove Ln. Captains Quarters  
CITY-ST-ZIP Port Ste. 238 Hilton Head Is, SC 29928

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2000 843-785-8262  
Date Daytime Phone #

CR2E034 (9/99)