

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000108589**1. Entity Name
GLOBALIGHTQUEST, INC.**Principal Place of Business**2 SHELTER COVE LANE
CAPTAINS QUATERS PORT STE 238
HILTON HEAD ISLAND
29928 SC**Mailing Address**2 SHELTER COVE LANE
CAPTAINS QUATERS PORT STE 238
HILTON HEAD ISLAND
29928 SC**2. Principal Place of Business**
128 ASHBY ROAD**3. Mailing Address**
128 ASHBY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MASSANUTTEN VACity & State
MASSANUTTEN VA4. FEI Number
58-2367253Applied For
Not ApplicableZip
22840

Country

Zip
22840

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**ZEALY BARBARA
7630 N.W. 11TH PLACEFT. LAUDERDALE
33322 FL**7. Name and Address of New Registered Agent**Name
DOBBINS DOROTHYStreet Address (P.O. Box Number is Not Acceptable)
8 TANGLEWOOD CIRCLECity
ORMOND BEACH FLZip Code
32176

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 **DOROTHY DOBBINS****04/26/2001**

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
LOGAN MS
2 SHELTER COVE LN. CAPT. QT. PORT STE 238
HILTON HEAD ISLAND SC 29928 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EASON DEBRA J
2 SHELTER COVE LN CAPT QT PORT STE 238
HILTON HEAD ISLAND SC 29928 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPM
PAIGE E G
3315 PINWALK DR. N. STE 108
MARGATE FL 33063 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPM
GROSS BROOKS A
128 ASHBY ROAD
MASSANUTTEN VA 22840 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BALLUCH DEBORAH F
6009 "P" ROCKCLIFF LANE
ALEXANDRIA VA 22315 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BALUCH-RUSSELL DEBORAH F
6601 THACKWELL WAY UNIT "E"
ALEXANDRIA VA 22315 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
LOGAN MS
RT 1, BOX 1065
COLLINS GA 30421 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
LOGAN AMBASSADOR MS
128 ASHBY ROAD
MASSANUTTEN VA 22840 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EASON DEBRA J
RT 1, BOX 1065
COLLINS GA 30421 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EASON DEBRA J
128 ASHBY ROAD
MASSANUTTEN VA 22840 ☒ Change ☐ Addition

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: BROOKS A. GROSS

VPM 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)