

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013357

1. Entity Name

GLOBAL ENTERPRISES GROUP, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90004 008 ***150.00

Principal Place of Business

Mailing Address

211 CESSNA BOULEVARD
DAYTONA BEACH FL 32124

211 CESSNA BOULEVARD
DAYTONA BEACH FL 32124

2. Principal Place of Business

3. Mailing Address

115 PIPER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAYTONA BEACH, FL

4. FEI Number

59-3494408

Applied For

Not Applicable

Zip

Country

Zip

Country

32124

USA

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

SIRKIS, SAMUEL P

211 CESSNA BOULEVARD
DAYTONA BEACH FL 32124

115 PIPER BLVD.

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	D	<input type="checkbox"/> Delete
NAME	UDEY, WILLIAM F	
STREET ADDRESS	160 LAKEASIDE WEST	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIRKIS, SAMUEL P	
STREET ADDRESS	2705 AUTUMN LEAVES DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASSUENER, DARREL	
STREET ADDRESS	2712 AUTUMN LEAVES DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, GENE	
STREET ADDRESS	3175 STEAMBOAT RIDGE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 14, 2000

904-322-7724

CR2E034 (9/99)