## 2000 UNIFORM BUSINESS REPORT (UBR)

2/4/00-90082-030-\$150.00-\$150.00

DOCUMENT # P98000030396 1. Entity Name								
GLOBAL PROPERTY SERVICES, INC.					FILED			
					00 MAR -7 AM 9: 27			
Principal Place of Business Mailing Address								
325 W. ADAMS ST. JACKSONVILLE FL 32202		P.O. BOX 4610 JACKSONVILLE FL 32201-4610			SECRETARY OF TALLAHASSEE	STATE FLORIDA		
2. Principal F	Place of Business	3. Maijing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE II	N THIS SPACE		
City & State		City & State			FEI Number 5 9 2 4 6 2 5 1 6	<b>⊢</b>	oplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status, Desired	S8.75 Add		
	6. Name and Address of Current R	legistered Agent	<del></del>	7.	Name and Address of New Regis	<del></del>		
WHITLATCH, SUSAN 325 W. ADAMS ST. JACKSONVILLE FL 32202					McCutched BOXNUMBER IS NOT ACCEPTABLE  PAGE MS STE	eet Zincool	.02	
8. The above named entity submits this statement for the purpose of changing its registered office of Signatury, typed or physical name of registered apent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)    Comparation of the purpose of changing its registered office of the purpose of changing its registered of the purpose of the pu				My erfolgued when 0 60.00		-4-200 DATE \$5.0	0 May Be	
11.	OFFICERS AND D	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCAFEE, T.J. 325 WEST ADAMS STREET JACKSONVILLE FL 32202	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ,	☐ Change	☐ Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILGOSZ, LINDA 325 WEST ADAMS STREET JACKSONVILLE FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			Addition	
NAME STREET ADDRESS CITY-ST-ZIP	S WHITLATCH, SUSAN 325 WEST ADAMS STREET JACKSONVILLE FL 32202	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		W. Adams Str	eon Gehange eet 202	□ hoisibbA □	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete ?	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	- Addition -	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with to on this report or supplemental report is to the contract of the	this films does not quality for the	STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP	od in Section	n 119.07(3)(i), Florida Statutes. I fur e legal effect as if made under oath	ther certify that the in	nformation	

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

2000 48935555 Dayuna Prone \*