

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90412 001 ***300.00

DOCUMENT # P98000030396

1. Entity Name

GLOBAL PROPERTY SERVICES, INC.

Principal Place of Business

**325 W. ADAMS ST.
 JACKSONVILLE FL 32202**

Mailing Address

**P.O. BOX 4610
 JACKSONVILLE FL 32202**

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 **59-2462516**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCCUTCHEON, MARY A
 325 W. ADAMS ST.
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Linda Ortagus

Street Address (P.O. Box Number is Not Acceptable)

325 W. Adams St.

City

Jacksonville

FL

Zip Code

32202

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

Linda L. Ortagus

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

TITLE **DV** ☐ Delete
 NAME **WILGOSZ, LINDA**
 STREET ADDRESS **325 WEST ADAMS STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **S** ☒ Delete
 NAME **MCCUTCHEON, MARY A**
 STREET ADDRESS **325 WEST ADAMS STREET**
 CITY-ST-ZIP **JACKSONVILLE FL-32202**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☒ Change ☐ Addition
 NAME **Linda Ortagus**
 STREET ADDRESS **325 West Adams Street**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **S** ☐ Change ☒ Addition
 NAME **Jeanne Farr**
 STREET ADDRESS **325 W. Adams St.**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Linda L. Ortagus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01
 Date

355-3500
 Daytime Phone #

CR2E034 (10/00)

0455006