

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90368 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000031401 1. Entity Name GLOBAL EDUCATIONAL & CULTURAL OPPORTUNITIES, INC.					
Principal Place of Business 2418 LARKWOOD ROAD TITUSVILLE, FL 32780		Mailing Address 2418 LARKWOOD ROAD TITUSVILLE, FL 32780			
2. Principal Place of Business 1709 MAGNOLIA ST. Suite, Apt. #, etc.		3. Mailing Address 1709 MAGNOLIA ST Suite, Apt. #, etc.			
City & State NEW SMYRNA BEACH, FL Zip 32168		City & State NEW SMYRNA BEACH, FL Zip 32168		4. FEI Number 59-3509237	
Country VOLUSIA		Country VOLUSIA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHETIRKIN, MARY G 2418 LARKWOOD ROAD TITUSVILLE, FL 32780 1709 MAGNOLIA ST. NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Mary G. Chetirkin</u> MARY G. CHETIRKIN <u>4/29/2003</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting)					
FILE NOW!!! FEES: \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME CHETIRKIN, PETER V STREET ADDRESS 2418 LARKWOOD ROAD CITY-ST-ZIP TITUSVILLE, FL 32780	☐ Delete		TITLE Change ☒ ☐ Addition	1709 MAGNOLIA ST. NEW SMYRNA BEACH, FL 32168	
TITLE SD NAME CHETIRKIN, MARY G STREET ADDRESS 2418 LARKWOOD ROAD CITY-ST-ZIP TITUSVILLE, FL 32780	☐ Delete		TITLE Change ☒ ☐ Addition	1709 MAGNOLIA ST. NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mary G. Chetirkin</u> MARY G. CHETIRKIN <u>4/29/2003</u> 423-5589 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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CR2EC034 (10/02)