

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**  
09-12-2001 90007 006 \*\*\*550.00

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**0071127** **ΔV**

<b>DOCUMENT # P98000035971</b>	
<b>1. Entity Name</b>	
<b>GLOBAL INDUSTRIES HOLDING CORP.</b>	
<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>460 S. ROSEMARY AVENUE</b>	<b>C/O MIRKIN &amp; WOOLF PA</b>
<b>SUITE 100</b>	<b>1700 PALM BEACH LAKES BLVD #580</b>
<b>WEST PALM BEACH FL 33401</b>	<b>WEST PALM BEACH FL 33401</b>

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> <span style="font-size: 1.2em; font-weight: bold;">65-0842551</span>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <b>Applied For</b> </td> </tr> <tr> <td style="padding: 5px;"> Not Applicable </td> </tr> </table>	<b>Applied For</b>	Not Applicable
<b>Applied For</b>			
Not Applicable			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <b>5. Certificate of Status Desired</b> </div> <div style="width: 10%; text-align: center;"> <input type="checkbox"/> </div> <div style="width: 50%; text-align: right;"> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 5px;">\$8.75</div> Additional Fee Required </div> </div>			

6. Name and Address of Current Registered Agent
MIRKIN, MARK H C/O MIRKIN & WOOLF PA 1700 PALM BEACH LAKES BLVD #580 WEST PALM BEACH FL 33401

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.

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

[illegible][illegible]

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 #

9/4/01 <sup>561</sup> ~~659~~-659-1921

CR2E034 (5/01)