

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039223

1. Entity Name

GLOBAL ADVISORY SERVICES, INC.

Principal Place of Business

8144 SABAL OAK LANE  
JACKSONVILLE FL 32256

Mailing Address

P.O. BOX 551548  
JACKSONVILLE FL 32256

2. Principal Place of Business

8777 San Jose Blvd

Suite, Apt. #, etc.

Suite 202

City & State

Jacksonville FL

Zip

32217

Country

USA

3. Mailing Address

PO Box 551548

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32255-1548

Country

USA

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90388 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3515815

Applied For

Not Applicable

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

PROM, STEPHEN G  
3100-BARNETT CENTER  
50 N. LAURA STREET  
JACKSONVILLE FL 32202

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, 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 D  
NAME BLASER, DONALD E  
STREET ADDRESS 8144 SABAL OAK LANE  
CITY-ST-ZIP JACKSONVILLE FL 32256  
☐ Delete  
⇒ address change

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME Blaser, Donald E  
STREET ADDRESS 8200 Jose Circle West  
CITY-ST-ZIP Jacksonville FL 32256  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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

4-87-01

(904) 636-7576

Date

Daytime Phone #

CR2 34 (10/00)