2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000050826 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name GLOBE CORP., INC 04-20-2000 90070 048 ***150.00 Principal Place of Business Mailing Address 3716 GATLIN PL CIRCLE 3716 GATLIN PL CIRCLE ORLANDO FL 32812 ORLANDO FL 32812-7609 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3522937 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEYTON, FRED J Street Address (P.O. Box Number is Not Acceptable) 3716 GATLIN PL CIRCLE ORLANDO FL 32812 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD ■ Addition ☐ Change ☐ Delete TITLE TITLE PEYTON, FRED J NAME NAME 3716 GATLIN PL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP **X** Delete ☐ Change ■ Addition TITLE TITLE PEYTON, ALEXANDER J NAME NAME 3716 GATLIN PL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE ORLANDO FL 32812 CITY-ST-ZIP - Change ■ Addition TITLE Delete TITLE MAGUFFEY, SARAH G NAME NAME 3716 GATLIN PL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP VICE PASSIBUT Change ☐ Addition ☐ Delete TITLE TITLE NAME IAN QUESTNER NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCKLANGE, FL ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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 a suppowered.

SIGNATURE

SIGNATURE AND TYPE OF PRINTED MARE OF SIGNING OFFICER OF DIRECTOR

4-13-00

407-629-1810

Daytime Phone #