

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000055369**1. Entity Name  
GLOBAL BARN, INC.**Principal Place of Business**16570 S. TAMiami TRE  
#23  
FORT MYERS  
33908

FL

**Mailing Address**16570 S. TAMiami TRE  
#23  
FORT MYERS  
33908

FL

2. Principal Place of Business  
2015 EL DORADO PKWY3. Mailing Address  
2015 EL DORADO PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CAPE CORAL

FL

City & State  
CAPE CORAL

FL

Zip  
33914

Country

Zip  
33914

Country

4. FEI Number  
**65-0870804**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**JOSUPEIT TORSTEN  
16520 S. TAMiami TRE  
#23  
FORT MYERS  
33908

FL

**7. Name and Address of New Registered Agent**

Name

JOSUPEIT TORSTEN

Street Address (P.O. Box Number is Not Acceptable)  
2015 EL DORADO PKWYCity  
CAPE CORAL

FL

Zip Code  
33914

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 **TORSTEN JOSUPEIT****05/01/2001**

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	<input type="checkbox"/> Delete
NAME	BERNSTIJN ELISABETH	
STREET ADDRESS	GUTENBERGSTRASSE 59	
CITY-ST-ZIP	40235 DUESSELDORF GERMANY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERND GLOBIG	
STREET ADDRESS	KONRADINSTRASSE 12	
CITY-ST-ZIP	12105 BERLIN GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNSTIJN PAUL E		
STREET ADDRESS	GUTENBERGSTRASSE 59		
CITY-ST-ZIP	DUESSELDORF / GERMANY	D	40235
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERND GLOBIG		
STREET ADDRESS	KONRADINSTRASSE 12		
CITY-ST-ZIP	BERLIN / GERMANY	D	12105
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Bernd Globig**

D

**05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)