2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P98000059520 GLOBAL BROKERAGE & CONSULTING, INC. 01-31-2001 90005 020 ***150.00 Principal Place of Business Mailing Address 200 E ROBINSON ST 200 E ROBINSON ST STE 1242 STE 1242 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2106561 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERSON, CHRIS Street Address (P.O. Box Number is Not Acceptable) 3290 LORD MALL CT OVIEDO FL 32765 Zip Code City 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 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. TITLE ☐ Delete TITLE Change PETERSON, CHRIS NAME NAME STREET ADDRESS 3290 LORD MALL CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ed with this ining does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information sport 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the inf indicated on this report or eport is true ar of the corporation or the red changed, or on an attachme ner like empowered SIGNATURE:

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR