

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061858

1. Entity Name

GLOBE CONSULTING & MANAGEMENT, INC.

Principal Place of Business

2198 MAIN STREET
SARASOTA FL 34237

Mailing Address

C/O KRATER & ASSOC.
19 N DEL PRADO BLVD. #4
CAPE CORAL FL 33909-2758

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

KRATER & ASSOC.

Suite, Apt. #, etc.

1109 DEL PRADO, SUITE 15

CAPE CORAL, FL

Zip

33909-3636

Country

FL

6. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER
2198 MAIN STREET
SARASOTA FL 34237

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	KUEHR, DAGMAR	
STREET ADDRESS	KEIBELSTRASSE 5, 10178 BERLIN	
CITY-ST-ZIP	GERMANY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLLIN, GERHARD	
STREET ADDRESS	WINCKELMANNSTR 27, 12487 BERLIN	
CITY-ST-ZIP	GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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	<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	
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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:

Dagmar Kuehr Dir. 03.09.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90042 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0854447** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2F034 (9/99)