

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90360 002 ***150.00

DOCUMENT # P98000063077

1. Entity Name
GLOBAL STATUES INC.

Principal Place of Business
**4418 A DEL PRADO BLVD.
CAPE CORAL FL 33904**

Mailing Address
**4418 A DEL PRADO BLVD.
CAPE CORAL FL 33904**

800398800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1907 S.E. 35. ST
Suite, Apt. #, etc.

3. Mailing Address
1907 S.E. 35. ST
Suite, Apt. #, etc.

City & State
CAPE CORAL, FL
Zip
33904
Country
LEE

City & State
CAPE CORAL, FL
Zip
33904
Country
LEE

4. FEI Number **65-0849602**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOYKE, GISELA
1907 S.E. 35TH STREET
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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's signature required when re-registering)

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	P	<input type="checkbox"/> Delete
NAME	SCHULZE, EBERHARD	
STREET ADDRESS	4418 A DEL PRADO BLVD.	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BANDLE, BIGNA	
STREET ADDRESS	4418 A DEL PRADO BLVD.	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SOYKE, GISELA	
STREET ADDRESS	4418 A DEL PRADO BLVD.	
CITY - ST - ZIP	CAPE CORAL FL 33904	
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	<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	
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: **Gisela Soyke (GISELA SOYKE)** 4-20-01 941-540-0638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)