

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101674

1. Entity Name

GLOBAL MARKETING DEVELOPMENTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90196 003 ***150.00

Principal Place of Business

Mailing Address

7690 HIGH PINE ROAD
 ORLANDO FL 32819

7690 HIGH PINE ROAD
 ORLANDO FL 32835-2261

2. Principal Place of Business

6105 RALEIGH STREET

3. Mailing Address

6105 RALEIGH STREET

Suite, Apt. #, etc.

APT # 304

Suite, Apt. #, etc.

APT # 304

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32835

Country

USA

Zip

32835

Country

USA

4. FEI Number

59-3546555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, HUW J
 7690 HIGH PINE ROAD
 ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

6105 RALEIGH STREET

APT # 304

City

ORLANDO

FL

Zip Code

32835

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.
 (See criteria on back) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS POWELL, HUW J
 CITY-ST-ZIP 7690 HIGH PINE ROAD
 ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 6105 RALEIGH STREET APT 304
 CITY-ST-ZIP ORLANDO, FL 32835

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 (407) 875-2760

CR2E034 (9/99)