

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000007785**

1. Entity Name

GLOBAL SALES EXPEDITION, INC.**FILED****00 MAR 30 PM 4: 23****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1375 S SEMORAN BLVD STE 1303
WINTER PARK FL 32792**

Mailing Address

**1375 S SEMORAN BLVD STE 1303
WINTER PARK FL 32792-5531**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**GOWRAN, JOSEPH E
1375 S SEMORAN BLVD STE 1303
WINTER PARK FL 32792**

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) **N/A**

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.
(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. **PRES** OFFICERS AND DIRECTORSTITLE ☐ DeleteNAME **GOWRAN, JOSEPH E**STREET ADDRESS **1375 S SEMORAN BLVD STE 1303**CITY-ST-ZIP **WINTER PARK FL 32792**TITLE **SK** ☐ DeleteNAME **JACQUELINE GOWRAN**STREET ADDRESS **1375 S. SEMORAN BLVD. STE 1303**CITY-ST-ZIP **WINTER PARK, FL. 32792**TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS ☐ Change ☐ Addition

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 *Joseph E. Gowan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH E. GOWAN

Date

1/28/00

Daytime Phone #

*** President***** Secretary/TREC.**

CR2E034 (9/99)