0	
盂	
Ķ	
ω	

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000013719							FILED Jan 07, 2002 8:00 am Secretary of State			
GLOBAL	DATA, INC	i.					01-07-2002 90001 021 ****	~150.00		
Drivering Disc	a of Business		Mailing Address							
Principal Place of Business Mailing Address 1901 S. HARBOR CITY BLVD. 1901 S. HARBOR CITY BLVD.										
STE. 808 MELBOURNE			STE: 808 MELBOURNE FL 32901							
2. Principal F	3. Mailing Address	g Address			- I FREINRIK HID INNIN POHIN BONIN BONIN BONIN BONIN BONIN LOUGH VIREN KAN LEDDY.					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te		City & State			4.	FEI Number	Applied For		
							59-3595772	Not Applicable		
Zip		Country	Zip	Cour	itry	5.		75 Additional Required		
	6. Name a	nd Address of Current	Registered Agent		ļ.,	7.	Name and Address of New Registered Agen	t		
					Name					
1	BUTLER, MIKE 1901 S. HARBOR CITY BLVD.					dress (P.O.	Box Number is Not Acceptable)			
STE. 808		DLVU.								
MELBOURNE FL 32901 City						FI	Zip Code			
8. The above	e named entity	submits this statement fo	r the purpose of changing it	s register	ed office or	registered a	agent, or both, in the State of Florida.			
SIGNATURE										
Oldini i One	Signature, typed or	printed name of registered agent	and title if applicable. (NO	TE: Register	ed Agent signatu	re required wher	n reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11.		OFFICERS AND	DIRECTORS	12			ADDITIONS/CHANGES TO OFFICERS AND DIR			
TITLE	D		☐ Delete	TITI		PRESID	DENT	Change		
NAME STREET ADDRESS	NAME BUTLER, MIKE STREET ADDRESS 475 E. EAU GALLIE BLVD.			NAM STR	EET ADDRESS	50 1	BUTLER UTH AVE			
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937			937		Y-ST-ZIP	MELB	OURNE BEACH, FL 3295	7		
TITLE	D		☐ Delete	TiT	.E			Change		
NAME	RUBADO, I			. NAI						
STREET ADDRESS CITY-ST-ZIP	• *** * ***	DRE STREET			EET ADDRESS Y-ST-ZIP					
TITLE	PALM BAY	I L J2301	☐ Delete	THE	.E	SECRE	TARY	Change		
NAME	WOOD, ST	EVE		NAI	ΜE	STEVE	WOOD TO DAY			
STREET ADDRESS	325 ATLAN	TIC DRIVE		STF	EET ADDRESS Y-ST-ZIP	25 17	TLANTIC DR. BOURNE BEACH, FL 329	951		
CITY-ST-ZIP	MELBOURN	IE BEACH FL 32951	□ Delete	TIT		MELL		Change		
TITLE			□ Delete	NAI						
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				CIT	Y-ST-ZIP					

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

1/3/02 3219360019
Date Dayline Phone 9

☐ Change

☐ Change

Addition

☐ Addition