## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P99000015192 GLOBAL ORGANIC/SPECIALTY SOURCE, INC. 04-04-2001 90064 002 \*\*\*150.00 Principal Place of Business Mailing Address 1093 CENTRAL AVE 1093 CENTRAL AVE SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0893634 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MITCH BLUMCHTHAL DIEHL, DEAN Street Address (P.O. Box Number is Not Acceptable) 3926 SE 24TH STREET 1093 CENTRAL RUSKIN FL 33570 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition CR2E034 (10/00 TITLE 🖄 Delete TITLE BLUMENTHAL, MITCH NAME NAME MITCH BLUMBATHAL 2604 MAN OF WAR CIRCLE STREET ADDRESS STREET ADDRESS 604 MAM OF WAR CITCLE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 SAPASOTA FL ☐ Change X Delete TITLE TITLE DICHL, DEAN NAME DEMUS JOI STREET ADDRESS STREET ADDRESS 3926 SE 24TH ST CITY-ST-7IP CITY-ST-ZIP **RUSKIN FL 33570** - Addition -TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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