2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035633

Entity Name

GLOBAL ONLINE EXCHANGE, INC.

FILED

00 JUL 26 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business — Mailing Address

1450 S. Dixie Hwy. #101
Boca Raton, FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1450 S. Dixie Hwy #101	1450 S. Dixie Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #101
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country	Zip: 33432 Country

4. FEI Number 65-1018050 — ☑ 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
GARLAND E. HARRIS 1197 W. Newport Centre Deerfield Beach, FL 33442	Name: Willis Hale Street Address (P.O. Box Number is Not Acceptable): 1450 S. Dixie Hwy. #101 City: Boca Raton FL Zip Code: 33432

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] Willis Hale 5-3-2000

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Garland E. Harris 1197 W. Newport Centre Deerfield Beac, FL 33442 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Willis Hale 1450 S. Dixie Hwy #101 Boca Raton, FL 33432 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003265969--1 -05/24/00--01100--016 ***1050.00 ****150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] Willis Hale 5-3-2000 561-447-8804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #