

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90107 033 ***150.00

DOCUMENT # P99000042045

1. Entity Name

GLOBAL SURETIES, INC.

Principal Place of Business

**4401 AVE. D. STE. B
ST. AUGUSTINE FL 32095**

Mailing Address

**4401 AVE. D. STE. B
ST. AUGUSTINE FL 32095-5217**

2. Principal Place of Business

3. Mailing Address

PMB 366

**Suite, Apt. #, etc.
3501-B N. PONCE DELEON BLVD.**

Suite, Apt. #, etc.

City & State

**City & State
SAINT AUGUSTINE, FL**

4. FEI Number

59-3572887

Applied For

Not Applicable

Zip

Country

Zip

Country

32084

US

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

**RICE, SUZANNE RENEE
130 WOODCREST DR., APT. 224
ST. AUGUSTINE FL 32095**

Name

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

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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, SUZANNE RENEE 130 WOODCREST DR., APT. 224 ST. AUGUSTINE FL 32095	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN LINDA BRASWELL 626 MONTEREY ROAD STUART, FL 34995	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHSON, GREGORY MARK 209 PALMETTO AVE. ST. AUGUSTINE FL 32095	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SUZANNE RENEE' RICE 130 WOODCREST DRIVE, APT #224 SAINT AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suzanne Renee Rice* **SUZANNE RENEE RICE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-2000

(904)825-1511

Date

Daytime Phone #

CR2E034 (9/99)