

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90135 023 ***150.00

DOCUMENT # P99000042045

1. Entity Name
GLOBAL SURETIES, INC.

Principal Place of Business

**4401 AVE. D. STE. B-
 ST. AUGUSTINE FL 32085**

Mailing Address

**PMB 366
 3501-B N. PONCE DELEON BLVD.
 SAINT AUGUSTINE FL 32084**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 N. Ponce de Leon Blvd.

3. Mailing Address

PMB 366

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

3501-B N. Ponce de Leon Blvd.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number **59-3572887**

Applied For

Not Applicable

Zip

32084

Country

US

Zip

32084

Country

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, 2001 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 **P** ☐ Delete
 NAME **RICE, SUZANNE RENEE**
 STREET ADDRESS **130 WOODCREST DR., APT. 224**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE **S** ☐ Change ☒ Addition
 NAME **Pomar, Laura Leigh**
 STREET ADDRESS **400-C Watson Rd.**
 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **C** ☐ Delete
 NAME **BRASWELL, LINDA**
 STREET ADDRESS **626 MONTEREY ROAD**
 CITY-ST-ZIP **STUART FL 34995**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Suzanne Renee Rice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-01

Date

904-825-1511

Daytime Phone #

CR2E034 (10/00)