

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90140 019 \*\*\*150.00

**DOCUMENT # P99000042045**

1. Entity Name

**GLOBAL SURETIES, INC.**

Principal Place of Business

**3000 N PONCE DE LEON BLVD  
 SUITE 5  
 SAINT AUGUSTINE FL 32084**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3572887**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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 **P** ☒ Change ☐ Addition  
 NAME **Rice, Suzanne Renee**  
 STREET ADDRESS **303 D St**  
 CITY-ST-ZIP **St. Augustine, FL 32080**

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

TITLE **Secretary** ☐ Change ☒ Addition  
 NAME **Katherine Shriver**  
 STREET ADDRESS **9216 Touzet Ave**  
 CITY-ST-ZIP **St. Augustine, FL 32092**

TITLE **S** ☒ Delete  
 NAME **POMAR, LAURA LEIGH**  
 STREET ADDRESS **400 C-WATSON RD**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

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

TITLE **S** ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Rice**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-02**

Date

**904-825-1511**

Daytime Phone #

CR2E034 (9/01)