

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000046362

1. Entity Name

GLOBAL FOX FINANCIAL, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-25-2000 90028 017 ***150.00

Principal Place of Business 99 ABERDEEN LOOP PANAMA CITY FL 32405	Mailing Address 99 ABERDEEN LOOP PANAMA CITY FL 32405-6463
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3571025		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	7. Name and Address of New Registered Agent Name: Derrick Bennett Street Address (P.O. Box Number is Not Acceptable): 112 E. 3rd Ct. City: Panama City FL Zip Code: 32401
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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:	DATE: 2-1-2000
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: COPPIETERS, EDDY STREET ADDRESS: ALOIS DE BEULELAAN 12 CITY-ST-ZIP: B-9240 ZELE BELGIUM	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: VANDERERFVEN, WIM STREET ADDRESS: RYVISSCHESTRAAT 31 CITY-ST-ZIP: S-9052 GENT, BELGIUM	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: LECOUR, DIRK STREET ADDRESS: 1406 DUNNETT ROAD CITY-ST-ZIP: LYNN HAVEN FL 32444	<input type="checkbox"/> Delete	TITLE: P NAME: John R. Adams STREET ADDRESS: 1100 Wisconsin Ave CITY-ST-ZIP: LYNN HAVEN FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: HAMILTON, JOHN STREET ADDRESS: 503 PARKWOOD DRIVE CITY-ST-ZIP: PANAMA CITY FL 32405	<input type="checkbox"/> Delete	TITLE: ST NAME: D'haene Steven STREET ADDRESS: 99 Aberdeen Loop CITY-ST-ZIP: Panama City, FL 32405	<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	

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:	DATE: 1-18-00	DAYTIME PHONE #: 850-271-5959
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CR2E034 (9/99)