

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053322

1. Entity Name

GLOBAL VIP CORPORATION

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90129 006 ***150.00

Principal Place of Business

Mailing Address

8851 HERITAGE BAY CIR.
ORLANDO FL 32836

8851 HERITAGE BAY CIR.
ORLANDO FL 32836-5006

040440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7032 GRAND NATIONAL DRIVE
Suite, Apt. #, etc.

419 JAYBEE AV.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO - FL

City & State
DAVENPORT - FL

4. FEI Number
59-3587894

Applied For
Not Applicable

Zip
32819
Country
ORANGE

Zip
33837
Country
POLK

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

WASHBURN, KENNETH R
1153 MILL RUN CIR.
APOPKA FL 32703

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 _____ (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 WASHBURN, KENNETH R 1153 MILL RUN CIR. APOPKA FL 32703 | <input checked="" type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D-P-VF-S-T CYRO A. BAFFI 8851 HERITAGE BAY CIR. ORLANDO FL 32836 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 248-9011

CR2E034 (9/99)