

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000055716**
 Entity Name **1st GLOBAL, INC.**

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

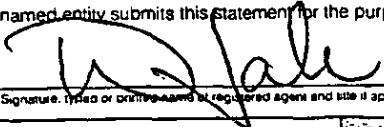
Principal Place of Business Mailing Address
1197 W. Newport Centre Dr.
DEERFIELD BEACH, FL 33442

Principal Place of Business 3. Mailing Address
1450 S. Dixie Hwy **1450 S. Dixie Hwy #101**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#101
 City & State City & State
BOCA RATON, FL **BOCA RATON FL**
 Zip Country Zip Country
33432 USA **33432 USA**

DO NOT WRITE IN THIS SPACE

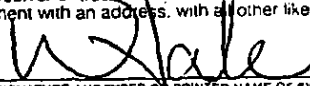
4. FEI Number ☒ Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARLAND HARRIS
1197 W. Newport Centre Dr.
DEERFIELD Bch, FL 33442
 7. Name and Address of New Registered Agent
 Name **Willis Hale**
 Street Address (P.O. Box Number is Not Acceptable)
1450 S. Dixie Hwy #101
 City **BOCA RATON** FL Zip Code **33432**

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  **Willis Hale** DATE **5-3-2000**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 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	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	Willis Hale
CITY-ST-ZIP		CITY-ST-ZIP	1450 S. Dixie Hwy #101
			BOCA RATON, FL 33432
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	000003265960--9
STREET ADDRESS		STREET ADDRESS	-05/24/00-01100-016
CITY-ST-ZIP		CITY-ST-ZIP	***1050.00 ***150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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:  **Willis Hale** DATE **5-3-2000** **501-447-8804**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR