2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055716

Entity Name

1ST GLOBAL, INC.

FILED

00 JUL 27 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~1197 W. Newport Centre Dr.~~
~~Deerfield Beach, FL 33442~~

Mailing Address

DO NOT WRITE IN THIS SPACE

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

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	7. Name and Address of New Registered Agent
GARLAND HARRIS 1197 W. Newport Centre Dr. Deerfield Bch, FL 33442	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: W Hale — Willis Hale — 5-3-2000

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, 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	☐ Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Willis Hale 1450 S. Dixie Hwy. #101 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000003265960--3 -05/24/00--01100--016 ***1050.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: W Hale — Willis Hale — 5-3-2000 — 561-447-8804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #