

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061385

1. Entity Name

GLOBALINK 2000, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

03-03-2000 90224 042 ***150.00

Principal Place of Business

Mailing Address

5876 FOLKSTONE LANE
ORLANDO FL 32822

5876 FOLKSTONE LANE
ORLANDO FL 32822-9414

2. Principal Place of Business

2917 GULF DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2917 GULF DRIVE

Suite, Apt. #, etc.

PMB 504

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number EIN#

59-3595062

Applied For

Not Applicable

Zip

32806

Country

ORANGE

Zip

32822

Country

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GAULT, RICHARD W
5876 FOLKSTONE LANE
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

RICHARD W. GAULT

Street Address (P.O. Box Number is Not Acceptable)

2917 GULF DRIVE

City

ORLANDO

FL

Zip Code

32806

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]

2-23-00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAULT, RICHARD W	
STREET ADDRESS	5876 FOLKSTONE LANE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAULT, RICHARD W.	
STREET ADDRESS	2917 GULF DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

2-23-00

(407) 895-7090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)