

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90439 016 ***550.00

DOCUMENT # P99000105505

1. Entity Name

GLOBAL BOUNDARIES, INC.

Principal Place of Business

**3910 GOODRICH AVE.
SARASOTA FL 34234**

Mailing Address

**3910 GOODRICH AVE.
SARASOTA FL 34234**

2. Principal Place of Business

1234 Commerce Blvd

3. Mailing Address

1234 Commerce Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL 34243

City & State

SARASOTA FL

4. FEI Number

65-0969930

Applied For

Not Applicable

Zip

34243

Country

U.S.

Zip

34243

Country

U.S.

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

**GENTLE, RYAN L
5315 8 AVE DRIVE WEST
BRADENTON FL 34209**

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

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	GENTLE, RYAN	
STREET ADDRESS	5315 8 AVE DRIVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GERNHART, CYNTHIA A	
STREET ADDRESS	3330 27TH ST., W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employed.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/02

Date

(941) 927-6000

Daytime Phone #

CR2E034 (9/01)