

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90130 033 ***150.00

DOCUMENT # P99000107212



1. Entity Name
GLOBAL MARKETING GROUP OF CENTRAL FLORIDA, INC.

Principal Place of Business
**1124 EGRET LAKE WAY
MELBOURNE FL 32940**

Mailing Address
**1124 EGRET LAKE WAY
MELBOURNE FL 32940**



2. Principal Place of Business
**721 NORTH DRIVE
SUITE D**

3. Mailing Address
**721 NORTH DRIVE
SUITE D**

City & State
MELBOURNE FLORIDA

City & State
MELBOURNE FLORIDA

Zip
32940

Country
USA

Zip
32940

Country
USA

4. FEI Number
59-3612089

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AWBINDER, JR, MICHAEL
1124 EGRET LAKE WAY
MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name
MICHAEL AWBINDER JR
Street Address (P.O. Box Number is Not Acceptable)
1124 EGRET LAKE WAY
City
MELBOURNE FL Zip Code
32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/20/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **AWBINDER, MICHAEL D**
STREET ADDRESS **1124 EGRET LAKE WAY**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1/20/03

DAYTIME PHONE #
321-254-3393 **3177**

CR2E034 (10/02)