

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S45901

1. Entity Name

GLOBAL ENVIRONMENTAL PRODUCTS, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90073 029 ***150.00

Principal Place of Business

Mailing Address

2690 CIMARRONE BLVD.

SUITE 203

JACKSONVILLE FL 32259

2690 CIMARRONE BLVD.

SUITE 203

JACKSONVILLE FL 32259-2163

2. Principal Place of Business

3117 Mohave Way

Suite, Apt. #, etc.

3. Mailing Address

3117 Mohave Way

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3060734

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURPHY, PATRICK T
2690 CIMARRONE BLVD.
JACKSONVILLE FL 32259

Name

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

3117 Mohave Way

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, 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	D	<input type="checkbox"/> Delete
NAME	LABAR, JAMES A	
STREET ADDRESS	40-A MILLERTOWN RD	
CITY-ST-ZIP	BLOOMSBURG PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFERS, RICHARD E	
STREET ADDRESS	1117 N E ST	
CITY-ST-ZIP	RICHMOND IN 47375	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHER, JOSEPH	
STREET ADDRESS	300 TAINOR ST	
CITY-ST-ZIP	SUFFIELD CT 06078	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUNZ, PETER	
STREET ADDRESS	5859 RIVER RUN DR	
CITY-ST-ZIP	SABASTIAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JABALEE, WALTER	
STREET ADDRESS	42077 TODDMARK	
CITY-ST-ZIP	MT. CLEMENS MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	JABALEE, MARIANNE F JR.	
STREET ADDRESS	42077 TODDMARK	
CITY-ST-ZIP	MT. CLEMENS MI	

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	
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	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)