

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90045 024 \*\*\*150.00

**DOCUMENT # S45901**

Entity Name

**GLOBAL ENVIRONMENTAL PRODUCTS, INC.**

Principal Place of Business

**3117 MOHAVE WAY  
JACKSONVILLE FL 32259**

Mailing Address

**3117 MOHAVE WAY  
SUITE 203  
JACKSONVILLE FL 32259**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3060734**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MURPHY, PATRICK T  
3117 MOHAVE WAY  
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>D</b>	<b>LABAR, JAMES A</b>	<b>40-A MILLERTOWN RD</b>	<input type="checkbox"/>
	<b>D</b>	<b>JEFFERS, RICHARD E</b>	<b>1117 N E ST</b>	<input checked="" type="checkbox"/>
	<b>D</b>	<b>MAHER, JOSEPH</b>	<b>300 TANTOR ST</b>	<input checked="" type="checkbox"/>
	<b>D</b>	<b>KUNZ, PETER</b>	<b>5859 RIVER RUN DR</b>	<input checked="" type="checkbox"/>
	<b>D</b>	<b>JABALEE, WALTER</b>	<b>42077 TODDMARK</b>	<input checked="" type="checkbox"/>
	<b>D</b>	<b>JABALEE, MARIANNE F JR.</b>	<b>42077 TODDMARK</b>	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/01**  
Date

**9042874600**  
Daytime Phone #

CR2E034 (10/00)