

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90096 028 ***550.00

DOCUMENT # S45901

1. 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

200 BUSINESS PARK CIRCLE

Suite, Apt. #, etc.

101

3. Mailing Address

200 BUSINESS PARK CIR.

Suite, Apt. #, etc.

101

City & State

ST. AUGUSTINE FL

City & State

ST. AUGUSTINE FL

Zip

Country

32095

Zip

Country

32095

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 200 BUSINESS PARK CIRCLE
 JACKSONVILLE FL 32259
 SUITE 101
 ST. AUGUSTINE, FL 32095**

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
 NAME **LABAR, JAMES A**
 STREET ADDRESS **40-A MILLERTOWN RD**
 CITY-ST-ZIP **BLOOMSBURG PA 17815**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Daytime Phone #

CR2E034 (4/02)