

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90114 035 \*\*\*150.00

0349290 AV

**DOCUMENT # S48272**

**1. Entity Name**  
**GLOBAL ENGINEERING SERVICES, INC.**

**Principal Place of Business**  
 105 S. NARCISSUS AVE.  
 SUITE 812  
 WEST PALM BEACH FL 33401

**Mailing Address**  
 105 S. NARCISSUS AVE.  
 SUITE 812  
 WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 54-1593664

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**

**MOORE, GEORGE C**  
 105 S NARCISSUS AVE  
 STE 812  
 WEST PALM BEACH FL 33401

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** DPS ☐ Delete  
**NAME** SIMONSGAARD, CLAUS  
**STREET ADDRESS** 1422 K ST NW STE # 8  
**CITY-ST-ZIP** WASHINGTON DC 20005

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 2020 PENNSYLVANIA AVE NW # 330  
**CITY-ST-ZIP** WASHINGTON DC 20006-1846

**TITLE** T ☐ Delete  
**NAME** SIMONSGAARD, CLAUS  
**STREET ADDRESS** 1422 K ST NW STE # 8  
**CITY-ST-ZIP** WASHINGTON DC 20005

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 2020 PENNSYLVANIA AVE. NW # 330  
**CITY-ST-ZIP** WASHINGTON DC 20006-1846

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

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. I hereby certify that the information submitted 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 supplement 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 assignee of the corporation; and that I am authorized 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 all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** CLAUS SIMONSGAARD 4/23-02 202-4880618

Date

Daytime Phone #

CR2E034 (9/01)