

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90007 006 ***550.00

0079021 AV

DOCUMENT # V35755

1. Entity Name

GLOBAL CHARTER SERVICES, INC.

Principal Place of Business

**1301 WEST NEWPORT CENTER DR.
 DEERFIELD BEACH FL 33442**

Mailing Address

**1301 WEST NEWPORT CENTER DR.
 DEERFIELD BEACH FL 33442**

LUU73646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2855 So. Congress Ave

3. Mailing Address

2855 So. Congress Ave

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

DeLray Beach, FL

City & State

DeLray Beach, FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

65-0331843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LEVITT, DREW M

**1301 W. NEWPORT CTR. DR.
 DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name

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

2855 South Congress Ave

Suite B

City

DeLray Beach

FL

Zip Code

33445

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 \$550.00
After September 12, 2001 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 **CEO** ☐ Delete
 NAME **VAN ARNEM, HAROLD L**
 STREET ADDRESS **1301 W. NEWPORT CTR. DR.**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **COB** ☐ Delete
 NAME **VAN ARNEM, HAROLD L**
 STREET ADDRESS **1301 W. NEWPORT CTR. DR.**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **PD** ☒ Delete
 NAME **MCKNIGHT, N. PHILIP**
 STREET ADDRESS **1301 W. NEWPORT CTR. DR.**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **T** ☒ Delete
 NAME **DECKER, JULIA M**
 STREET ADDRESS **1301 W. NEWPORT CTR. DR.**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2855 So. Congress Ave - Suite B**
 CITY-ST-ZIP **DeLray Beach, FL. 33445**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2855 So. Congress Ave - Suite B**
 CITY-ST-ZIP **DeLray Beach, FL. 33445**

TITLE ☐ Change ☒ Addition
 NAME **Secretary/Treas.**
 NAME **BETTY E. ALLEN**
 STREET ADDRESS **2855 CONGRESS AVE - Suite B**
 CITY-ST-ZIP **DeLray Beach, FL. 33445**

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

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

TITLE ☐ Change ☐ 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:

Betty E. Allen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01

Date

Daytime Phone #

CR2E034 (5/01)