

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90076 023 \*\*\*150.00

UBR2103 AV

**DOCUMENT # P98000105625**

1. Entity Name  
**1 GLOBAL CITY, INC.**

Principal Place of Business  
**2210 TALL PINES DR  
 #200  
 LARGO FL 33771  
 US**

Mailing Address  
**2210 TALL PINES DR.  
 #200  
 LARGO FL 33771  
 US**



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 **59-3567658**

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  Delete  
 NAME **SD JACKSON, MORRIS L**  
 STREET ADDRESS **2210 TALL PINES DRIVE #200**  
 CITY-ST-ZIP **LARGO FL 33770**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **EVD MALLET, RON L**  
 STREET ADDRESS **2210 TALL PINES DRIVE #200**  
 CITY-ST-ZIP **LARGO FL 33770**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **COOD JOHNSON, KARI**  
 STREET ADDRESS **2210 TALL PINES DRIVE #200**  
 CITY-ST-ZIP **LARGO FL 33770**

TITLE  Change  Addition  
 NAME **Director**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HOCHE, STEVEN N**  
 STREET ADDRESS **2210 TALL PINES DRIVE #200**  
 CITY-ST-ZIP **LARGO FL 33770**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T GRANT, STUART J**  
 STREET ADDRESS **2210 TALL PINES DRIVE #200**  
 CITY-ST-ZIP **LARGO FL 33770**

TITLE  Change  Addition  
 NAME **Director, President, CEO**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MATT TOHY**  
 STREET ADDRESS **2210 TALL PINES DR #200**  
 CITY-ST-ZIP **LARGO, FL 33770**

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 any other like employment.

SIGNATURE: **(J. STUART GRANT)** / 1/15/2002 (927) 536-3854  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)