2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000005477

1. Entity Name

GLOBAL INFORMATION PROVIDERS, L.L.C.

FILED

00 APR 10 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2667 S.W. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953	2667 S.W. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952-5921

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1110 SE Strathmore Dr.	1110 SE Strathmore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State: Port St. Lucie, FL
Zip: 34952 Country:	Zip: 34952 Country:

4. FEI Number: 65-0945134 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GEGELMAN, MICHAEL J 2667 S.W. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953	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)

~~FILE NOW!!! FEE IS $50.00~~
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GEGELMAN, MICHAEL J 1110 S.E. STRATHMORE DRIVE PORT ST. LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003221769--8 -04/24/00--01165--014 *****50.00 *****50.00
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CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 4/8/00 561-337-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #