

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 08:00 AM
Secretary of State

DOCUMENT # N94000001414

1. Entity Name
 GLOBAL SHIPPERS' ASSOCIATION, INC.

Principal Place of Business 4310 METRO PARKWAY SUITE 210 FT. MYERS FL 33916	Mailing Address 4310 METRO PARKWAY SUITE 210 FT. MYERS FL 33916
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2. Principal Place of Business 13391 MC GREGOR BLVD	3. Mailing Address 13391 MC GREGOR BLVD
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Suite, Apt. #, etc. SUITE 110	Suite, Apt. #, etc. SUITE 110
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City & State FT. MYERS FL	City & State FT. MYERS FL
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Zip 33919	Country	Zip 33919	Country
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4. FEI Number 65-0483132	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POMARICO FRANK
 4310 METRO PARKWAY
 SUITE 300
 FT. MYERS FL 33916 US

7. Name and Address of New Registered Agent

Name
 POMARICO FRANK
 Street Address (P.O. Box Number is Not Acceptable)
 13391 MC GREGOR BLVD
 SUITE 110
 City
 FT. MYERS FL Zip Code
 33919

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 **03/12/2001**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUBNEL WILLIAM 3600 PUMMEL CREEK RD. LACROSSE WI 54601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POMARICO FRANK 4310 METRO PARKWAY #210 FT. MYERS FL 33916 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAN MAVIS 1100 115 ST ROMEDEVILLE IL 60446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAM JOHN P ONE PPG PLACE PITTSBURGH PA 15272 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIACOMELLI BARBARA 7225 WINSTON DR INDIANAPOLIS IN 46268 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAINTER RON 1000 WINWARD CONCOURSE ALPHARETTA GA 30005 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T POMARICO FRANK 13391 MC GREGOR BLVD FT. MYERS FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D LE MINH-TAM CHECKERBOARD SQUARE ST LOUIS MO 63164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK C. POMARICO T **03/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)

**MURPHY CHARLES, DIRECTOR
25225 DETROIT RD**

WESTLAKE, OH 44145

**LA TANT LEE, DIRECTOR
4310 METRO PARKWAY**

FT MYERS, FL 33916