

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000001414

FILED
Apr 09, 2003
Secretary of State

Entity Name: GLOBAL SHIPPERS' ASSOCIATION, INC.

Current Principal Place of Business:

13391 MC GREGOR BLVD
SUITE 110
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

13391 MC GREGOR BLVD
SUITE 110
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0483132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POMARICO, FRANK
13391 MC GREGOR BLVD
SUITE 110
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAINTER, RON
Address: 1000 WINWARD CONCOURSE
City-St-Zip: ALPHARETTA, GA 30005

Title: D () Delete
Name: GIACOMELLI, BARBARA
Address: 7225 WINSTON DR
City-St-Zip: INDIANAPOLIS, IN 46268

Title: D () Delete
Name: HAM, JOHN P
Address: ONE PPG PLACE
City-St-Zip: PITTSBURGH, PA 15272

Title: D (X) Delete
Name: LE, MINH-TAM
Address: CHECKERBOARD SQUARE
City-St-Zip: ST LOUIS, MO 63164

Title: T () Delete
Name: POMARICO, FRANK
Address: 13391 MC GREGOR BLVD
City-St-Zip: FT. MYERS, FL 33919

Title: D () Delete
Name: SCHUBNEL, WILLIAM
Address: 3600 PUMMEL CREEK RD.
City-St-Zip: LACROSSE, WI 54601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK POMARICO

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04/09/2003

Electronic Signature of Signing Officer or Director

_____ Date