

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90169 016 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000127764**  
 1. Entity Name  
**GLOBAL INFORMATION PROTECTION SYSTEMS INC**



Principal Place of Business 1288 SW 7TH ST BOCA RATON FL 33486 US	Mailing Address 1288 SW 7TH ST BOCA RATON FL 33486 US
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2. Principal Place of Business <b>203 EAST 3<sup>RD</sup> ST # 104</b> Suite, Apt. #, etc. <b>104</b>	3. Mailing Address <b>203 EAST 3<sup>RD</sup> ST.</b> Suite, Apt. #, etc. <b>104</b>
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CHECK HERE IF MAKING CHANGES

City & State <b>SANFORD Florida</b>	City & State <b>SANFORD, FL</b>	4. FEI Number <b>82-0574780</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32771</b>	Country <b>USA</b>	Zip <b>32771</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**8. Name and Address of Current Registered Agent**

**DUNPHY, JAMES T**  
**1288 SW 7 TH ST**  
**BOCA RATON FL 33486**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DUNPHY, JAMES T 1288 SW 7TH ST BOCA RATON FL 33486</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James T Dunphy SIGNATURE REQUIRED \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **561-362-8764**

CR2E034 (10/02)