

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90627 007 ***150.00

DOCUMENT # P98 000056645 ✓
1. Entity Name GLOBAL INFORMATION SOLUTIONS INC.

Principal Place of Business GAINESVILLE,
Mailing Address 2750 NW 43rd St.
 SUITE: B
 GAINESVILLE, FL 32606

2. Principal Place of Business GAINESVILLE, FL
3. Mailing Address 2750 NW 43rd St
 Suite, Apt. #, etc. SUITE: B

City & State GAINESVILLE, FL
City & State GAINESVILLE, FL
Zip 32606 **Country** ALACHUA
Zip 32606 **Country** ALACHUA

4. FEI Number 59-3528921
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SARTAJ BABAN
 2750 NW 43rd Street
 SUITE B
 GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent
Name NOT APPLICABLE
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 retreating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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


11. OFFICERS AND DIRECTORS

TITLE PRESIDENT <input type="checkbox"/> Delete	NAME SARTAJ BABAN
STREET ADDRESS 3945 NW 41 ST COURT	CITY-ST-ZIP GAINESVILLE - 32606
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SARTAJ BABAN
STREET ADDRESS 2750 NW 43 rd Street, SUITE: B	CITY-ST-ZIP GAINESVILLE, FL - 32606
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SARTAJ BABAN** **4-27-01** **352-387-9066**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)