

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103571

1. Entity Name  
**GSIS TECHNOLOGY, INC.**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90003 002 \*\*\*150.00

Principal Place of Business <b>4311 WEST WATERS STREET #401          TAMPA FL 33614</b>	Mailing Address <b>4311 WEST WATERS STREET #401          TAMPA FL 33614-8145</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4311 W. WATERS AVE., SUITE 401</b> Suite, Apt. #, etc.		3. Mailing Address <b>4311 W. WATERS AVE., SUITE 401</b> Suite, Apt. #, etc.		4. FEI Number <b>95-4623588</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>TAMPA, FL</b>	City & State <b>TAMPA, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Zip <b>33614</b>	Country <b>U.S.A.</b>	Zip <b>33614-8145</b>	Country <b>U.S.A.</b>		

6. Name and Address of Current Registered Agent <b>ROOD, ED          4311 W WATERSHAVE #401          TAMPA FL 33614</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4311 W. WATERS AVE., SUITE 401</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33614</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EDENFIELD, EDWARD J IV</b> <b>4311 WEST WATERS STREET #401</b> <b>TAMPA FL 33614</b>	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** EDWARD J. EDENFIELD, IV **EDWARD J. EDENFIELD, IV** 4-26-00 (813) 889 - 4001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)