

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90489 023 ***150.00

04/19/03 AV

DOCUMENT # P98000103571

1. Entity Name
GSIS TECHNOLOGY, INC.



Principal Place of Business
**4311 WEST WATERS STREET #401
TAMPA FL 33614**

Mailing Address
**4311 WEST WATERS STREET #401
TAMPA FL 33614**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number
~~95-4623588~~ **65-4623588**

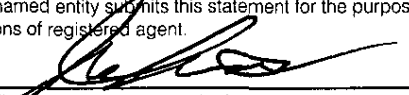
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HAWKEN, LEE
4311 W WATERSHAVE #401
TAMPA FL 33614**

7. Name and Address of New Registered Agent
Name: **Joseph M. Williams**
Street Address (P.O. Box Number is Not Acceptable): **4311 West Waters Avenue, Suite 401**
City: **Tampa** State: **FL** Zip Code: **33614**

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: 
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDENFIELD, EDWARD J IV 4311 WEST WATERS STREET #401 TAMPA FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joseph M. Williams 4311 West Waters Avenue, Suite 401 Tampa, Florida 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEBBINGS, GENN 2512 ARTESUA BKVD STE 250 REDONDO BEACH CA 90278	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANQUETTE, ANDREA L 2512 ARTESUA BKVD STE 250 REDONDO BEACH CA 90278	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIA, PATRICK L 119 LITTLETON ROAD PARSIPPANY NJ 07054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **Joseph M. Williams** 4/24/03 (813) 889-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)