

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90290 036 \*\*\*158.75

**DOCUMENT # P98000105625**

1. Entity Name  
**1 GLOBAL CITY.COM, INC.**

Principal Place of Business  
**2210 TALL PINES DR**  
**#200**  
**LARGO FL 33771**  
**US**

Mailing Address  
**1901-17 WEST BAY DR..STE.238**  
**LARGO FL 33770**

**00013714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**2210 TALL PINES DR**  
**200**  
**LARGO, FL**  
**33771 USA**

4. FEI Number	<b>59-3567658</b>	Applied For	<input type="checkbox"/>
		Not Applicable	<input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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.

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, 2001 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	
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>JACKSON, MORRIS L</b>
STREET ADDRESS	<b>1901-17 WEST BAY DR. #238</b>
CITY-ST-ZIP	<b>LARGO FL 33770</b>
TITLE	<b>EVD</b> <input type="checkbox"/> Delete
NAME	<b>MALLETT, RON L</b>
STREET ADDRESS	<b>1901-17 WEST BAY DR. #238</b>
CITY-ST-ZIP	<b>LARGO FL 33770</b>
TITLE	<b>COOD</b> <input type="checkbox"/> Delete
NAME	<b>JOHNSON, KARI</b>
STREET ADDRESS	<b>1907-17 WEST BAY DR. #238</b>
CITY-ST-ZIP	<b>LARGO FL 33770</b>
TITLE	<b>VIRD</b> <input type="checkbox"/> Delete
NAME	<b>HOCKE, STEVEN N</b>
STREET ADDRESS	<b>1901-17 WEST BAY DR. #238</b>
CITY-ST-ZIP	<b>LARGO FL 33770</b>
TITLE	<b>PCD</b> <input type="checkbox"/> Delete
NAME	<b>GRANT, STUART J</b>
STREET ADDRESS	<b>1901-17 WEST BAY DR. #238</b>
CITY-ST-ZIP	<b>LARGO FL 33770</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WINTER, NEIL</b>
STREET ADDRESS	<b>1901-17 W BAY DR #238</b>
CITY-ST-ZIP	<b>LARGO FL 33770</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2210 TALL PINES DR #200</b>
STREET ADDRESS	<b>LARGO, FL 33770</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2210 TALL PINES DR #200</b>
STREET ADDRESS	<b>LARGO, FL 33770</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director (ONLY)</b>
STREET ADDRESS	<b>2210 TALL PINES DR #200</b>
CITY-ST-ZIP	<b>LARGO, FL 33770</b>
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Treasurer</b>
STREET ADDRESS	<b>2210 TALL PINES DR #200</b>
CITY-ST-ZIP	<b>LARGO, FL 33770</b>
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)(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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/23/2001** Daytime Phone # **(727) 536-3854**