

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90112 015 ***150.00

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DOCUMENT # P99000003043

1. Entity Name

GLOBAL INFORMATION SERVICES, INC.

Principal Place of Business

Mailing Address

**1241 N. THARPE ST.
 TALLAHASSEE FL 32303**

**P O BOX 4107
 TALLAHASSEE FL 32315**

2. Principal Place of Business

3. Mailing Address

2512 BALSAM TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

City & State

TALLAHASSEE, FL

Zip
32303

Country
LEON

Zip

Country

4. FEI Number **59-3553251**

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

7. Name and Address of New Registered Agent

SHAH, BENZAD BEHZAD (@Correction)
3859 MCFARLANE DR.
TALLAHASSEE FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PSTM SHAK, BEHZAD**
 STREET ADDRESS **3859 MCFARLANE DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
 NAME **→ SHAK BEHZAD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD GRAUSQUIN, EVA**
 STREET ADDRESS **3859 MCFARLANE DR.**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
 NAME **→ GRAUSQUIN EVA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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Change Addition
 TITLE
 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:

Behzad Shah (BEHZAD SHAK) PRESIDENT

04/02/2001

(850) 847-2671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)