

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025777

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90293 010 ***150.00

1. Entity Name
GLOBAL ONE INTERNET, INC.

Principal Place of Business 3340 ROBALO WAY JACKSONVILLE FL 32223	Mailing Address 3340 ROBALO WAY JACKSONVILLE FL 32223-7856
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 24668 Suite, Apt. #, etc.
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City & State Jacksonville FL	4. FEI Number 59-3564134	Applied For <input type="checkbox"/> Not Applicable
Zip 32241	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BUTT, JEFFREY DREW
 201 E. KENNEDY BLVD., 10TH FLOOR
 TAMPA FL 33602**

7. Name and Address of New Registered Agent
 Name: **Meredith A. Hernandez**
 Street Address (P.O. Box Number is Not Acceptable): **3617 Crown Point Rd.**
SUITE #1
 City: **Jacksonville** FL Zip Code: **32257**

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]* **M.A. Hernandez** DATE: **3/31/00**
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALLEN, KIRK 3340 ROBALO WAY JACKSONVILLE FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUTT, JEFFREY DREW 201 E. KENNEDY BLVD., STE. 1000 TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DISTASIO, SCOTT P 201 E. KENNEDY BLVD., STE. 1000 TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* **M.A. Hernandez** DATE: **4/30/00** DAYTIME PHONE #: **904-288-8999**

CR2E034 (9/99)