

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-23-2001 91167 040 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048403

1. Entity Name

GLOBAL INFORMATION SYSTEMS
AND SERVICES, INC

UP

Principal Place of Business

Mailing Address

NAME

1203 LAKE POINTE LANE
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

1203 LAKE POINTE LANE
Suite, Apt. #, etc.

1203 LAKE POINTE LANE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION FL 33322

City & State
PLANTATION FL 33322

4. FEI Number
65092118

Applied For
Not Applicable

Zip
33322

Country
USA

Zip
33322

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREW CHARLES KING
713 BOBLINK COURT
KISSIMMEE, FL 34759

Name
ANDREW CHARLES KING

Street Address (P.O. Box Number is Not Acceptable)

713 BOBLINK COURT

City
KISSIMMEE FL Zip Code
34759

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)

4/30/01
DATE

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

FILE NOW!!!
After MAY 1, 2001
Fees will be \$550.00
Mass Check Payable
to Department of State

FEES: \$150.00
Fees will be \$550.00
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	<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
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

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

CR2ED34 (11/00)

13. I hereby certify that the information supplied with this report 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 reports 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

ANDREW CHARLES KING
4/30/01 (863) 477-4305
Date Date/Time Phone #