

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90032 045 ***150.00

DOCUMENT # P99000064820

1. Entity Name
GLOBAL INFORMATION NETWORK, INC.

Principal Place of Business 192 FLAX TERRACE JENSEN BEACH FL 34957	Mailing Address 192 FLAX TERRACE JENSEN BEACH FL 34957-4660
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DO NOT WRITE IN THIS SPACE
65.0942303

2. Principal Place of Business 355 S Ocean Dr	3. Mailing Address PO Box 1508
Suite, Apt. #, etc. P-809	Suite, Apt. #, etc.

City & State Hutchinson Island FL	City & State Fort Pierce FL
Zip 34949	Zip 34949
Country USA	Country

4. FE# Number Applied For	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHAEFFER, GEORGE J
192 FLAX TERRACE
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent
 Name: **George J Schaeffer**
 Street Address (P.O. Box Number is Not Acceptable):
355 S Ocean Dr P-809
 City: **Hutchinson Island** FL Zip Code: **34949**

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, 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 SCHAEFFER, GEORGE J 192 FLAX TERRACE JENSEN BEACH FL 34957 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P George J Schaeffer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 S Ocean Dr P-809 Hutchinson Island FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Maquet T miles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 192 (W2) Flax Ter Jensen Beach FL 34957
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: **George J Schaeffer** DATE: **4-20-00** DAYTIME PHONE # _____

CR2E034 (9/99)