

2001 UNIFORM BUSINESS REPORT (UBR)

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

06-04-2001 90012 035 ***150.00

DOCUMENT # P98000103474

1. Entity Name
GLOBAL SHIPPING SOLUTIONS, INC.

Principal Place of Business
**2205 E MICHIGAN ST
 ORLANDO FL 32801**

Mailing Address
**PO BOX 532064
 ORLANDO FL 32801**

2. Principal Place of Business
220 S. LAWSONA Blvd

3. Mailing Address
PO Box 532064

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32801

Country
ORANGE

Zip
32801

Country
ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3546821**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BARTRAM, JAMES H
 201 S LAWSONA BLVD
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent
 Name **BARTRAM, JAMES H.**
 Street Address (P.O. Box Number is Not Acceptable)
220 S. LAWSONA Blvd
 City **ORLANDO** FL Zip Code **32801**

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 **4-30-01**
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's 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	PTD	<input type="checkbox"/> Delete
NAME	BARTRAM, JAMES H	
STREET ADDRESS	201 S LAWSONA BLVD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BARTRAM, NANCY H	
STREET ADDRESS	201 S LAWSONA BLVD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTRAM, JAMES H.	
STREET ADDRESS	220 S. LAWSONA Blvd	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTRAM, NANCY H.	
STREET ADDRESS	220 S. LAWSONA Blvd	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **4-30-01** **407-898-0391**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)