

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H29921

1. Entity Name

GLOBAL TELECOMMUNICATIONS TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

~~243 PEREGRINE DRIVE~~
INDIANTLANTIC FL 32903
US

~~243 PEREGRINE DRIVE~~
INDIANTLANTIC FL 32903
US

2. Principal Place of Business

3. Mailing Address

505 ROYSTONIA PALM DA
Suite, Apt. #, etc.

505 ROYSTONIA PALM DR
Suite, Apt. #, etc.

City & State

City & State

INDIANTLANTIC, FL.

INDIANTLANTIC FL.

Zip

Country

Zip

Country

32903

USA

32903

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUCZAK, SUSAN L.
243 PEREGRINE DRIVE
INDIANTLANTIC FL 32903

Name

LUCZAK SUSAN L.

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

505 ROYSTONIA PALM, DR.

INDIANTLANTIC

FL

Zip Code

32903

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 SUSAN L LUCZAK PRES/CEO
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/09/01
DATE

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

FILE NOW!!! 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	PST	<input type="checkbox"/> Delete
NAME	LUCZAK, SUSAN L.	
STREET ADDRESS	243 PEREGRINE DRIVE	
CITY-ST-ZIP	INDIANTLANTIC FL 32903	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President C.E.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCZAK, SUSAN L.	
STREET ADDRESS	505 ROYSTONIA PALM DR	
CITY-ST-ZIP	INDIANTLANTIC, FL 32903	
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: Susan L. Luczak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01/09/01 Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90019 023 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)