## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 13, 2000 8:00 am Secretary of State **DOCUMENT # K80407** 1. Entity Name GLOBAL DIGITAL SOLUTIONS, INC. 04-13-2000 90073 035 \*\*\*150.00 Principal Place of Business Mailing Address 3601 N. DIXIE HIGHWAY 3601 N. DIXIE HIGHWAY SUITE 5 **BOCA RATON FL 33431** BOCA RATON FL 33431-5901 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2944814 Not Applicable Country Zip Country Zip \$8.75 Additional Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1-6MER Willis, Homer F P.O. Box Number is Not A 1019 RUSSELL DRIVE # 2 HIGHLAND FL 33487 Zip Code 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) gistered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **VP** 00/0/ Addition ☐ Delete TITLE ☐ Change TITLE tambling, kent NAME NAME 5400 NW 39TH AVENUE, #B-11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32606** CITY-ST-ZIE PST ☐ Change Addition ☐ Delete TITLE TITLE WILLIS, HOMER F IV NAME NAME 1019 RUSSEL DRIVE, APT. 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIGHLAND BEACH FL 33487 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE WILLIS HOMER F-NAME NAME 1019 RUSSELL DR. # 2 STREET ADDRESS STREET ADDRESS HIGHLAND BEACH FL 33431 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.