LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032497

1. Entity Name

GLOBAL INNOVATION SUPPLY, LLC

FILED

2003 APR 11 PM 9:16

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3811 University Blvd. West	P.O. Box 61116
Suite, Apt. #, etc.: Units 25 and 27	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32217 Country: USA	Zip: 32236 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2305454 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MOTOLAW, Inc.

Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street, Suite 2500

City: Jacksonville **FL** Zip Code: 32211

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Tim Holmes 2825 Sylvan Lane, Jacksonville, FL 32257	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200015747872 04/11/03--01029--012 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR - Enrique C. Hernandez 8003 Westside Industrial Drive Jacksonville, FL 32219	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #