

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005739

1. Entity Name

GLOBAL INNOVATION AND DEVELOPMENT, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90004 013 ****61.25

Principal Place of Business

Mailing Address

170 VIA DE LA REINA
MERRITT ISLAND FL 32953

170 VIA DE LA REINA
MERRITT ISLAND FL 32953-2925

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3601171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHRYS, JAMES G
170 VIA DE LA REINA
MERRITT ISLAND FL 32953

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MATTHEWS, DONALD R | |
| STREET ADDRESS | P. O. BOX 32725 | |
| CITY-ST-ZIP | ENTERPRISE FL 32725 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RAINIS, LOUISE S | |
| STREET ADDRESS | 522 COLECROFT CT. | |
| CITY-ST-ZIP | ALEXANDRIA VA 22314 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | TRENT, DEBORAH L | |
| STREET ADDRESS | 4408 PULLER DR. | |
| CITY-ST-ZIP | KENSINGTON MD 20895 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HUMPHRYS, JAMES G | |
| STREET ADDRESS | 170 VIA DE LA REINA | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BOYNTON, PETER L | |
| STREET ADDRESS | 6725 CHURCHILL RD. | |
| CITY-ST-ZIP | MCLEAN VA 22101 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KING, MAXWELL C | |
| STREET ADDRESS | 1384 WALTON HEATH CT. | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |

| | | |
|----------------|---------------------------|--|
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MATHILDA E. HARRIS | |
| STREET ADDRESS | 2550 AIAFAVA TRAIL #10208 | |
| CITY-ST-ZIP | ORLANDO FL 32826 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *James G Humphrys*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

321 452 2044

CR2E037 (9/99)