

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005739

FILED
Mar 08, 2002 8:00 AM
Secretary of State

Entity Name: GLOBAL INNOVATION AND DEVELOPMENT, INC.

Current Principal Place of Business:

170 VIA DE LA REINA
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

170 VIA DE LA REINA
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-3601171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATTHEWS, DONALD R
Address: P. O. BOX 32725
City-St-Zip: ENTERPRISE, FL 32725

Title: VD () Delete
Name: RAINIS, LOUISE S
Address: 522 COLECROFT CT.
City-St-Zip: ALEXANDRIA, VA 22314

Title: SD () Delete
Name: TRENT, DEBORAH L
Address: 4408 PULLER DR.
City-St-Zip: KENSINGTON, MD 20895

Title: TD () Delete
Name: HUMPHRYS, JAMES G
Address: 170 VIA DE LA REINA
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: HARRIS, MATHILDA E
Address: 2550 A1A FAVA TRAIL 10208
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: KING, MAXWELL C
Address: 1384 WALTON HEATH CT.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. HUMPHRYS

TD

03/08/2002

Electronic Signature of Signing Officer or Director

Date