FILED

2001 UNIFORM BUSINESS REPORT (UBR)

BRUCE -R. MCINTURE

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P0000013777 GLOBAL SITE COMM, INC. 4-09-2001 90011 005 ***150.00 Principal Place of Business Mailing Address 150A NORTH DUNBAR AVE. 150A NORTH DUNBAR AVE. OLDSMAR FL 34677 OLDSMAR FL 34677 A0043746 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0985280 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) -FELDMAN, DONNA J 2655 MCCORMICK DR. **CLEARWATER FL 33759** 2450 mc Cormick Dr. Zip Code 33759 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE CUTLER, Michael 150A NOTH DUNBAR AUC. CUTLER, MICHAEL NAME NAME STREET ADDRESS 150A NORTH DUNBAR AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 OLDSMAR, Fl. 34677 TITLE ☐ Delete TITLE V/S/T/O ☐ Addition MCINTYRE, BRECE R. NAME MCINTYRE, BRUCE R NAME 150 A North OUNDAR AVE. STREET ADDRESS 150A NORTH DUNBAR AVE. STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP Oldsmire F1. 34677 TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.