

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029391

1. Entity Name

GTECHNET.COM, INC.

Principal Place of Business

9481 HIGHLAND OAK DR.
APT. 412
TAMPA FL 33647

Mailing Address

9481 HIGHLAND OAK DR.
APT. 412
TAMPA FL 33647

2. Principal Place of Business

220 E. Madison St.

Suite, Apt. #, etc.

Suite 1207

City & State

TAMPA, FL

Zip

33602

Country

USA

3. Mailing Address

220 E. MADISON ST

Suite, Apt. #, etc.

SU 1207

City & State

TAMPA FL

Zip

33602

Country

USA

6. Name and Address of Current Registered Agent

GRIMALDI, MICHAEL J
4515 VICTORIA ROA D
LAND O' LAKES FL 34639-4160

7. Name and Address of New Registered Agent

Name

Grimaldi-Michael J

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

9481 Highland Oak Dr.

Apt 412

City

TAMPA

FL

Zip Code

33647

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

Michael J. Grimaldi

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

michael J. GRIMALDI

(NOTE: Registered Agent signature required when reinstating)

1/13/2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMALDI, MICHAEL J	
STREET ADDRESS	4515 VICTORIA ROA D	
CITY-ST-ZIP	LAND O' LAKES FL 34639-4160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9481 Highland Oak Dr Apt 412	
CITY-ST-ZIP	TAMPA, FL 33647	
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		

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.

SIGNATURE:

michael J. GRIMALDI *Michael J. Grimaldi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2001

Date

813 361 1575

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)