

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 01, 2002 8:00 am
Secretary of State**

08-01-2002 90168 008 ***550.00

UNIFORM
AV**DOCUMENT # P00000029391**

1. Entity Name

GTECHNET.COM, INC.

Principal Place of Business

220 E. MADISON ST.
SUITE 1207
TAMPA FL 33602

Mailing Address

220 MADISON ST.
SUITE 1207
TAMPA FL 33602

2. Principal Place of Business

9280 Fowler AV

Suite, Apt. #, etc.

D205

3. Mailing Address

PO Box 47358

Suite, Apt. #, etc.

#

City & State

TPA FL

City & State

TPA FL

Zip

33647

Country

USA

Zip

33647

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3649664

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIMALDI, MICHAEL J
9481 HIGHLAND OAKS DR.
APT 412
TAMPA FL 33647

Name

MICHAEL GRIMALDI

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

5202 Dublin PL

City

TPA

FL

Zip Code

33624

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME D GRIMALDI, MICHAEL J ☐ Delete
STREET ADDRESS 9481 HIGHLAND OAKS DR. APT 412
CITY-ST-ZIP TAMPA FL 33647TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/02

CR2E034 (4/02)