

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029552

1. Entity Name

GLOBALSITES.NET, INC.

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90132 001 \*\*\*150.00

01-31-2001 90132 002 \*\*\*\*\*8.75

23848



DO NOT WRITE IN THIS SPACE

Principal Place of Business

805 SOUTH MAGNOLIA AVE STE B  
OCALA FL 34474

Mailing Address

805 SOUTH MAGNOLIA AVE STE B  
OCALA FL 34474

2. Principal Place of Business

Global Sites.net, Inc

Suite, Apt. #, etc.

44 S.E. 1st Ave. # 207

City & State

Ocala, FL

Zip

34471

Country

USA

3. Mailing Address

Global Sites.net, Inc

Suite, Apt. #, etc.

44 S.E. 1st Ave. # 207

City & State

Ocala, FL

Zip

34471

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, STEPHEN  
805 SOUTH MAGNOLIA AVE STE B  
OCALA FL 34474

7. Name and Address of New Registered Agent

Name P. Michael Eckman

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

44 S.E. 1st Ave

Suite # 207

City

Ocala

FL

Zip Code

34471

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

P. Michael Eckman

P. Michael Eckman

1/15/01

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 \$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 checked="" type="checkbox"/> Delete
NAME	GALLAGHER, STEPHEN	
STREET ADDRESS	805 SOUTH MAGNOLIA AVE STE B	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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	*President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. Michael Eckman	
STREET ADDRESS	44 S.E. 1st Ave. # 207	
CITY-ST-ZIP	Ocala, FL 34471	
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
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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 I am empowered.

SIGNATURE:

P. Michael Eckman

Date

Daytime Phone #

CR2E034 (10/00)