

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90882 024 ***150.00

DOCUMENT # P00000108419

1. Entity Name **GLOBAL INET TRAINING, INC.** ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11928 KEATING DR
Suite, Apt. #, etc.

3. Mailing Address
11928 KEATING DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL
Zip
33626 Country

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TAMPA FL
Zip
33626 Country

4. FEI Number **59-3694764**
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MERVYN WOOD**
Street Address (P.O. Box Number is Not Acceptable)
11928 KEATING DRIVE
City **TAMPA FL** Zip Code **33626**

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  **4/29/02**
(NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MERVYN WOOD
11928 KEATING DRIVE
TAMPA FL 33626

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
JOAN WOOD
11928 KEATING DRIVE
TAMPA FL 33626

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address and all other like empowered.

SIGNATURE:  **J.H. Wood**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 **813-855-2911**
Date Daytime Phone #

CR2E034B (12/01)