FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90046 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018774

1. Entity Name
GLOBAL EXCHANGE TECHNOLOGIES, INC.

90100688

Principal Place of Business
19049 BARTOW BLVD.
FORT MYERS, FL 33908

Mailing Address
PO BOX 750504
DAYTON, OH 45475

2. Principal Place of Business: 19049 Bartow Blvd
Suite, Apt. #, etc.: Fort Myers
City & State: Fort Myers FL
Zip: 33912 Country: USA

3. Mailing Address: 19049 Bartow Blvd
Suite, Apt. #, etc.
City & State: Fort Myers FL
Zip: 33912 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1076513 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FINANCIAL FOUNDATIONS, INC.
3160 SANDY RIDGE DRIVE
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: Michael E Carville Michael E Carville 4-18-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YOCKEY, ANTHONY S 19049 BARTOW BLVD. FORT MYERS, FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Treasurer Carville, Michael E 19049 Bartow Blvd Fort Myers FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARVILLE, MICHAEL E 19049 BARTOW BLVD FORT MYERS, FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael E Carville 4-18-03 234-482-5740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael E Carville