

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90103 008 ***150.00

DOCUMENT # P01000087841

1. Entity Name
GLOBAL KINETICS, INC.

Principal Place of Business
5419 PROVOST
HOLIDAY FL 34690

Mailing Address
5419 PROVOST
HOLIDAY FL 34690

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54 3743-566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SISSON, LARRY
218 SOUTHERN COUNTRY LN.
QUINCY FL 32351

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.

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **VASSALLO, RONALD**
 STREET ADDRESS **5419 PROVOST**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **PRESIDENT AND CEO AND D**
 NAME **VASSALLO, RONALD**
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE **SENIOR VICE PRESIDENT SALES MGR**
 NAME **HIRSCHBERG, ROBIN**
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE **SVP D**
 NAME **HIRSCHBERG, ROBIN**
 STREET ADDRESS **5419 PROVOST DR**
 CITY-ST-ZIP **HOLIDAY, FL 34690** ☐ Change ☒ Addition

TITLE **MARKETING DIRECTOR SVP**
 NAME **VASSALLO, BRIAN**
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE **SVP D**
 NAME **VASSALLO, BRIAN**
 STREET ADDRESS **5419 PROVOST DR**
 CITY-ST-ZIP **HOLIDAY, FL 34690** ☐ Change ☒ Addition

TITLE **COO SVP D**
 NAME **TUSKEY, GEORGE**
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE **COO SVP D**
 NAME **TUSKEY, GEORGE**
 STREET ADDRESS **5419 PROVOST DR**
 CITY-ST-ZIP **HOLIDAY, FL 34690** ☐ Change ☒ Addition

TITLE **TECHNICAL DIRECTOR SVP**
 NAME **SOUZA, MICHAEL**
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE **SVP**
 NAME **SOUZA, MICHAEL**
 STREET ADDRESS **5419 PROVOST DR**
 CITY-ST-ZIP **HOLIDAY, FL 34690** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Ronald Vassallo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

Date

727-945-8181

Daytime Phone #

CR2E034 (9/01)