## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entry Name GLOBAL SITE MANAGEMENT, INC.    Principal Pace of Business   131 SW 5TH COURT   131 SW 5TH COU	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Apr 24, 2003 8:00 am Secretary of State	
1. Entry Name GLOBAL SITE MANAGEMENT, INC.    Principal Place of Equines   Mailing Address   Mailing A	DOCU	MENT # P020001	27786		Secretary of State	
131 SW 5TH COURT BOCA RATON FL 33432 US  2. Principal Place of Business Sulfe, Apl. #, etc. Sulfe, Apl. #, etc. City & State Type Country City Country City Country City STREES, KEL T City & State Street Address of Current Registered Agent The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am femiliar with, and accognition of the country of registered agent.  SIGNATURE City FL Cit	-	ne			04-24-2003 90130 019 ***150.00	7
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & City & State   City & City & State   City & City & State   City & City & City & State   City & City	1311 SW 5TH BOCA RATON	I COURT 13 I FL 33432 B	911 SW 5TH COURT OCA RATON FL 33432			
City & State  Country  Country  Country  Street Address of Current Registered Agent  Street Address of New Registered Agent  Name  SIRLES, KEIL T  1311 SW 5TH COURT  BOCA RATON FL 33432  City  City  FL	2. Principal F	Place of Business 3.	Mailing Address			
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Federalized  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name  SIRLES, KEIL T S111 SW 5TH COURT Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Fiorida, I am familiar with, and acceptable or protect name of registered agent and title displacable. (NOTE Registered Agent Agent agents or displaced agent and title displacable. (NOTE Registered Agent Agent agents or new agents agent agent agent agent agent agent agent agents agent ag	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additionals   \$9.75 Additionals   \$9.	City & Stat	te	City & State			
SIRLES, KEIL T 1311 SW 5TH COURT BOCA RATON FL 33432  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to obligations of registered agent.  SIGNATURE    Signature to be obligations of registered agent and acceptable to obligations of registered agent.   City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to receive the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to receive the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to receive the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to receive the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to receive the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to receive the college of the product of the state of Florida. I am familiar with, and acceptable to receive the college of the state of Florida. I am familiar with, and acceptable to receive the college of the state of Florida. I am familiar with, and acceptable to receive the college of the state of Florida. I am familiar with, and acceptable to produce of Florida. I am familiar with, and acceptable to produce of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable to produce of Florida. I am familiar with, and acceptable to produce of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable to produce of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable to produce of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable to prod	Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional	
SIRLES, KEIL T 1311 SW 5TH COURT BOCA RATON FL 33432  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  TILE NOW!!! FEE IS 5150.00 After May 1, 2003 Fee will be \$\$50.00 Make Check Payable fo Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE INAME SIREET ADDRESS  SIFE ADDRESS  CITY-ST-2P  TILE SVP SIRLES, KEIL T 3311 SW 5TH COURT  SIRLE ADDRESS  CITY-ST-2P  TILE NAME SIREET ADDRESS  CITY-ST-2P  TILE NAME SIRET ADDRESS  CIT		6. Name and Address of Current Regis	tered Agent		7. Name and Address of New Registered Agent	ì
1311 SW 5TH COURT BOCA RATON FL 33432  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable for Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  WELLINGTON FL 33414  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Additional Campaign Financing  Change  Additional Campaign Financing  SS.00 May Be  Added to Fees  Added	SIRLES. KEIL T				(CO. Day Number in New Association)	Į
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Title NOW!!! FEE IS \$150.00	•			Street Addres	ss (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, byed or primid name of registered agent and title if applicable. (NOTE: Reptatived Agent signature required when reletating)    Part	BOCA RA	TON FL 33432				
SIGNATURE    Signature   Signa		*		City	FL Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE O Delete O Additional STREET ADDRESS CITY-ST-ZIP  TITLE O Delete O Additional STREET ADDRESS CITY-ST-ZIP O Delete O Additional STREET ADDRESS CITY-ST-ZIP  TITLE O Delete O Additional STREET ADDRESS CITY-ST-ZIP O Delete O DELET O DE			ourpose of changing its r	egistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	ŞIGNATURE .	Signature, typed or printed name of registered agent and title	f applicable. (NOTE:	Registered Agent signature requi	uired when reinstating) DATE	
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12. I hereby certify that the information supplied with this filling 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:

4/21/03 561-361-4863 Date Daytime Phone #