

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020393

1. Entity Name
GLOBAL NETWORK SERVICES, INC.

FILED
FEB 18 2002
SECRETARY OF STATE
02-01-2002 00030187 50.00

02 FEB 18 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7353 SAND LAKE RD
#203
ORLANDO FL 32819
US

Mailing Address
7353 SAND LAKE RD
#203
ORLANDO FL 32819
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-0424680
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name: DANIEL R. MESSNER
Street Address (P.O. Box Number is Not Acceptable): 7353 SAND LAKE RD
Suite 203
City: ORLANDO FL Zip Code: 32819

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] DANIEL R. MESSNER 1-15-02
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-issuing) 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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MESSNER, SUSAN M		NAME		
STREET ADDRESS	7353 SAND LAKE RD #203		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MESSNER, DANIEL R		NAME		
STREET ADDRESS	7353 SAND LAKE RD #203		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 have approved.

SIGNATURE: [Signature] 1-15-02 352-1161
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)