

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
 05-15-2000 90211 028 ***158.75

DOCUMENT # P94000059150

1. Entity Name

G.I.S. TECHNOLOGY TRANSFER NETCORP, INC.

Principal Place of Business

Mailing Address

**1000 E LONGBOAT BLVD
 TAMPA FL 33615**

**POB 260235
 TAMPA FL 33685-0235
 US**

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

59-3260823

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FATUZZO, JOSEPH A.
 5404 EAST LONGBOAT BLVD
 TAMPA FL 33615**

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, 2000 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 **DV** ☐ Delete
 NAME **FATUZZO, JOSEPH A**
 STREET ADDRESS **5404 LONGBOAT BLVD. EAST**
 CITY-ST-ZIP **TAMPA FL** **OK**

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

TITLE **DCP** ☐ Delete
 NAME **GUEVARA, JOSE A**
 STREET ADDRESS **5501 E LONGBOAT BLVD**
 CITY-ST-ZIP **TAMPA FL 33615** **OK**

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

TITLE **DV** ☒ Delete
 NAME **HABIBE, TOMMY**
 STREET ADDRESS **PASEO CAVADONGA NO 104**
 CITY-ST-ZIP **SAN JUAN PUERTO RICO 00926**

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

TITLE **DV** ☒ Delete
 NAME **SPIEGEL, ANDREW B**
 STREET ADDRESS **702 CHIDESTER AVE**
 CITY-ST-ZIP **GLEN ELLYN IL 60137** **OK**

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

TITLE **DV** ☒ Delete
 NAME **RUTKAS, DAVE**
 STREET ADDRESS **2051 MERCATOR DR**
 CITY-ST-ZIP **RESTON VA 20191-3413**

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

TITLE **DV** ☐ Delete
 NAME **GUEVARA, MARITZA C**
 STREET ADDRESS **5501 E LONGBOAT BLVD**
 CITY-ST-ZIP **TAMPA FL 33615** **OK**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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, 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

813-854-4968

CR2E034 (9/99)