

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000059150**1. Entity Name
G.I.S. TECHNOLOGY TRANSFER NETCORP, INC.Principal Place of Business
5501 E LONGBOAT BLVD
TAMPA FL 33615
USMailing Address
POB 260235
TAMPA FL 33685
US

2. Principal Place of Business

3. Mailing Address
PO BOX 260235

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
TAMPA FL

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 BLVDTAMPA FL 33615
US

Name

SIEGEL ANDREW B

Street Address (P.O. Box Number is Not Acceptable)
PO BOX 260235City
TAMPA FLZip Code
33685

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 **ANDREW B. SPIEGEL**

04/02/2001

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, 2001 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 GUEVARA MARITZA C
STREET ADDRESS 5501 E LONGBOAT BLVD
CITY-ST-ZIP TAMPA FL 33615TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DV ☐ Delete
NAME SPIEGEL ANDREW B
STREET ADDRESS 702 CHIDESTER AVE
CITY-ST-ZIP GLEN ELLYN IL 60137TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DCP ☐ Delete
NAME GUEVARA JOSE A
STREET ADDRESS 5501 E LONGBOAT BLVD
CITY-ST-ZIP TAMPA FL 33615TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DV ☐ Delete
NAME FATUZZO JOSEPH A
STREET ADDRESS 5404 LONGBOAT BLVD. EAST
CITY-ST-ZIP TAMPA FLTITLE DV ☒ Change ☐ Addition
NAME STAYERT PAUL
STREET ADDRESS PO BOX 260235
CITY-ST-ZIP TAMPA FL 33685TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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. 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: **Jose Armando Guevara**

CP

04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)