

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059728

1. Entity Name

GLOBAL INTERNET SERVICES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 18 PM 12:48

Principal Place of Business  
P O BOX 812513  
BOCA RATON FL 33481-2513

Mailing Address  
P O BOX 812513  
BOCA RATON FL 33481-2513



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

OU

4. FEI Number 65-0601067

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

MAGNUSON, KRISTINE A  
2000 GLADES RD, SUITE 208  
BOCA RATON FL 33481-2513

Name Kristine M. Chapman  
Street Address (P.O. Box Number is Not Acceptable)  
2000 Glades Rd, Ste 208  
City Boca Raton FL Zip Code 33481

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

*Kristine M. Chapman*

10/14/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 ANDERSON, BRYAN D  
STREET ADDRESS 15114 HARRISON RD  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE  
NAME  
STREET ADDRESS 600003440356--2  
CITY-ST-ZIP -10/26/00--01053--011

TITLE D  
NAME ANDERSON, BLAIR D  
STREET ADDRESS 15114 HARRISON RD  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME OGOREK, GREG K  
STREET ADDRESS 1275 M CRYSTAL WAY  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED PRESENT

10/14/2000

561-994-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)