

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90024 026 \*\*\*150.00

**DOCUMENT # P96000034779**

1. Entity Name

**GLOBAL INTERNET SYSTEMS, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 2163  
LUTZ FL 33548POST OFFICE BOX 2163  
LUTZ FL 33548

2. Principal Place of Business

P.O. Box 142  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 142  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Lutz, FL

City &amp; State

Lutz, FL4. FEI Number **65-0673334**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DOLAN, MARK A  
112 EAST STREET, SUITE B  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: STEVE SCHMITT

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 142 1901 BRINSON RD #28 MCity Lutz

FL

Zip Code 33548

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

Steve Schmitt **STEVE SCHMITT**3/22/01

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
SCHMITT, STEVE  
POST OFFICE BOX 2163, N/A  
LUTZ FL 33548 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
P.O. Box 142TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Steve Schmitt **STEVE SCHMITT**3/22/01813 949 8730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ZIP IS 33548

CR2E034 (10/00)