

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91563 027 ***150.00

DOCUMENT # **P96000034779**

1. Entity Name

GLOBAL INTERNET SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

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 & State

LUTZ, FL

City & State

LUTZ, FL

4. FEI Number

65-0673334

Applied For

Not Applicable

Zip

33548

Country

Zip

33548

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **STEVE SCHMITT**

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

1901 BRINSON ROAD #28

City

LUTZ

FL

Zip Code

33558

**DO NOT WRITE
IN THIS SPACE**

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

4/10/02

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) ☒

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 142
LUTZ, FL 33548**

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Schmitt **STEVE SCHMITT**

4/10/02

813-949-8730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)