2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P9600076365** Mar 10, 2000 8:00 am 1. Entity Name **Secretary of State** GLOBAL INTERACTIVE NETWORK SYSTEMS, INC. 03-10-2000 90017 023 ***158.75 Principal Place of Business Mailing Address 7825 NORTH DALE MABRY 7825 NORTH DALE MABRY #103 #103 **TAMPA FL 33614** TAMPA FL 33614 US 2. Principal Place of Business 3. Mailing Address 7825 North Dale Mabry 7825 North Dale Mabry DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 104 Applied For City & State 4. FEI Number City & State 59-3399324 Not Applicable lampa \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-0000 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ■ Addition ☐ Delete TITLE WEIR, STEPHEN J NAME NAME STREET ADDRESS STREET ADDRESS 15321 MORNING DR CITY-ST-ZIF CITY-ST-ZIF **LUTZ FL 33549** ☐ Change Addition ☐ Delete NAME HOUCK, AARON L NAME STREET ADDRESS STREET ADDRESS 8314 JANA DRIVE CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 Change Addition TITLE Daniel Colon 3502 Magnolia Tree Lane ±102 Daniel Colon Tru Lane #102 TITLE NAME STREET ADDRESS STREET ADDRESS Tampa, PL 33614 tampu, FL 33614 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 withyan address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

J Weir Pres 03/06/00 813-936-8919