2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # **P98000040716** GLOBAL SOFTWARE SPECIALISTS, INC. 01-26-2001 90066 007 ***150.00 Principal Place of Business Mailing Address 6145 SUN BOULEVARD 3631 SW 20 LANE UNIT 301-B #2 autv ST. PETERSBURG FL 33715 GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address D.O. Bux 14173 Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3507696 <u>Scadenton</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired OS A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCKENNEY, STEVEN E Street Address (P.O. Box Number is Not Acceptable 3631 SW 20 LANE #2 **GAINESVILLE FL 32604** Zip Code 34a10 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President □ Delete NAME MCKENNEY, STEVEN NAME McKenney, # 201 STREET ADDRESS 3631 SW 20 LN- #2 4420 46 Are. W. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32607 CITY-ST-ZIP 3421 Bradenton, Fl. TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE . 🔲 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

President

01/14/01

941-761-8061

Daytime Phone #