

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

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

05-01-2002 91566 031 ***150.00

DOCUMENT # 498000067E
1. Entity Name
GLOBALNET INFORMATION SERVICES, INC

643919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4018 Roswell Place
Suite, Apt. #, etc.

3. Mailing Address
4018 Roswell Place
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAND O' LAKES FL

City & State
LAND O' LAKES FL

4. FEI Number
59-3521810

Applied For
 Not Applicable

Zip
34639

Country
PASCO

Zip
34639

Country
PASCO

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
TRACY GARRISON

Street Address (P.O. Box Number is Not Acceptable)
4018 Roswell Place

City
LAND O' LAKES FL Zip Code
34639

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) 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	P TRACY GARRISON 4018 Roswell Place LAND O' LAKES FL 34639	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAE GARRISON 4018 Roswell Place LAND O' LAKES FL 34639	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: **X Mae Garrison**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-02

Date

813-995-2299

Daytime Phone #

CR2E034B (12/01)