

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90012 035 \*\*\*150.00

**DOCUMENT # P98000103474**

1. Entity Name  
**GLOBAL SHIPPING SOLUTIONS, INC.**

Principal Place of Business  
**2205 E MICHIGAN ST**  
**ORLANDO FL 32801**

Mailing Address  
**PO BOX 532064**  
**ORLANDO FL 32801**

2. Principal Place of Business  
**220 S. LAWSONA Blvd**

3. Mailing Address  
**PO Box 532064**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number **59-3546821**

Applied For  
 Not Applicable

Zip **32801** Country **ORANGE**

Zip **32801** Country **ORANGE**

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BARTRAM, JAMES H**  
**201 S LAWSONA BLVD**  
**ORLANDO FL 32801**

Name **BARTRAM, JAMES H.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**220 S. LAWSONA Blvd**  
 City **ORLANDO** FL Zip Code **32801**

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

**4-30-01**

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	<b>BARTRAM, JAMES H</b>	
STREET ADDRESS	<b>201 S LAWSONA BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>BARTRAM, NANCY H</b>	
STREET ADDRESS	<b>201 S LAWSONA BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTRAM, JAMES H.</b>	
STREET ADDRESS	<b>220 S. LAWSONA Blvd</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTRAM, NANCY H.</b>	
STREET ADDRESS	<b>220 S. LAWSONA Blvd</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01**

Date

**407-898-0391**

Daytime Phone #

CR2E034 (10/00)