FILED

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000105625 1. Entity Name 1 GLOBAL CITY.COM, INC.					FILED Jan 31, 2001 8:00 am Secretary of State 01-31-2001 90290 036 ***158.75			
2. Principal Place of Business 3. Mailing Address 2. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.			PINES DR					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	N THIS SPACE	
City & State	e	City & State SO FL			4. FEI Number	59-3567658	<u> </u>	oplied For ot Applicable
Zip Country		33771	Country		1	f Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current R	egistered Agent	Name		7. Name and A	Address of New Regis	stered Agent	
CORF 1201 TALL	Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City		· · · · · ·		FL Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its	registered office or	r registere	ed agent, or both	, in the State of Florida	1.	-
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE	:: Registered Agent signat	ure required	when reinstating)		DATE	<u>.</u>
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ia on back)		!! FEE IS \$150. 01 Fee will be \$5 ile to Departmen	550.00	Trus	tion Campaign Financ t Fund Contribution.		00 May Be d to Fees
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/C	HANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE	SD	☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	JACKSON, MORRIS L 1901-17 WEST BAY DR. #238 LARGO FL 33770			2210 TAIL PINES DR #200 LArgo, FL 33770				
TITLE	EVD	☐ Delete	TITLE		·		Change	☐ Addition
NAME	MALLETT, RON L		NAME STREET ADDRESS	,		INPS DR #	200	
STREET ADDRESS CITY-ST-ZIP	1901-17 WEST BAY DR. #238 ST LARGO FL 33770 CT			2210 TAIL PINPS DR # 200 LARGO, FL 33770				
TITLE	COOD	☐ Delete	TITLE	<u> </u>	7-1		Change	Addition
NAME	JOHNSON, KARI		NAME			405 DR #		
STREET ADDRESS CITY-ST-ZIP	1907-17 WEST BAY DR. #238 LARGO FL 33770	1'	STREET ADDRESS CITY-ST-ZIP	22/	O TAIL PL	33770		
TITLE	VIRD	□ Delete	TITLE	DIC	go, FL ector	TONLY	Change	Addition
NAME	HOCKE, STEVEN N	□ Delete	NAME	1			/ '	
STREET ADDRESS	1901-17 WEST BAY DR. #238		STREET ADDRESS	22/0	TAU PI	Nes DR #2	00	
CITY-ST-ZIP	LARGO FL 33770 PCD		. CITY-ST-ZIP	LAR	90, FL	wes DR #2 33770	Change	Na delition
TITLE NAME	GRANT, STUART J	☐ Delete	TITLE	1				Addition
STREET ADDRESS	1901-17 WEST BAY DR. #238		STREET ADDRESS	221	O TAIL P	INOS DR # =	200	
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP	LAF	-90, FL	33770		
TITLE	T WINTER, NEIL	Delete	TITLE NAME		•		☐ Change	☐ Addition
NAME STREET ADDRESS	1901-17 W BAY DR #238		STREET ADDRESS					
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP					
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address.	tres and accurate and that n vered to execute this report	the exemption sta ny signature shall h as required by Cha	ited in Sec nave the s apter 607	ction 119.07(3)(i) ame legal effect , Florida Statutes	, Florida Statutes. I fur as if made under oath ; and that my name ap	ther certify that the i i; that I am an office opears in Block 11 o	information r or director or Block 12 if

SIGNATURE: