

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005715

1. Entity Name

GLOBAL DOCUMENT PREPARATION, INC.

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90050 038 ***158.75

Principal Place of Business

1408 N. WESTSHORE BLVD.
1004
TAMPA FL 33607

Mailing Address

1408 N. WESTSHORE BLVD.
1004
TAMPA FL 33607

2. Principal Place of Business

24703 U.S. 19 N.

Suite, Apt. #, etc.

213

City & State

CLEARWATER, FL.

Zip

33763

Country

U.S.A.

3. Mailing Address

P.O. BOX 1471

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL.

Zip

33568

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3552384

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNOR, PATRICK M
2240 BELLEAIR ROAD STE. 160
CLEARWATER FL 33764

Name

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

City

FL

Zip Code

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.

(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)



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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAND, GAIL M
1408 N. WESTSIDE BLVD. SUITE 1004
ST. PETERSBURG FL 33701



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAND, GAIL M.
24703 U.S. 19 N. STE. 213
CLWTR., FL. 33763



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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

3/14/01

Date

(813) 966-5975

Daytime Phone #

CR2E034 (10/00)