

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019362

1. Entity Name

GTM INTERNET, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90264 043 ***150.00

Principal Place of Business 2140-400C N.E. 36TH AVENUE OCALA FL 34470	Mailing Address 2140-400C N.E. 36TH AVENUE OCALA FL 34470
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2. Principal Place of Business 931 N. State Rd. 434 Suite, Apt. #, etc. Suite 1201 - #264	3. Mailing Address 931 N. State Rd. 434 Suite, Apt. #, etc. Suite 1201 - #264
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City & State Altamonte Springs, FL	City & State Altamonte Springs, FL	4. FEI Number 59-3573016	Applied For Not Applicable
Zip 32714	Country Seminole	Zip 32714	Country Seminole



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AUGUSTINE, SANDRA J
108 N. MAGNOLIA AVENUE
SUITE 404
OCALA FL 34475

7. Name and Address of New Registered Agent

Name
John M. Reese

Street Address (P.O. Box Number is Not Acceptable)
310 Golf Brook Circle #206

City
Longwood, FL

Zip Code
32779

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  DATE 1/13/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 REESE, JOHN M 2140-400C N.E. 36TH AVENUE OCALA FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 310 Golf Brook Circle #206 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 1/12/00 DAYTIME PHONE # 4076824757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)