2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90264 043 ***150.00

DOCUMENT # P99000019362

1. Entity Name

GTM INTERNET, INC.

Principal Place of Business	Mailing Address
2140-400C N.E. 36TH AVENUE OCALA FL 34470	2140-400C N.E. 36TH AVENUE OCALA FL 34470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
931 N. State Rd. 434	931 N. State Rd. 434
Suite, Apt. #, etc.: Suite 1201 - #264	Suite, Apt. #, etc.: Suite 1201 - #264
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: Seminole	Zip: 32714 Country: Seminole

4. FEI Number: 59-3573016 ☐ 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
AUGUSTINE, SANDRA J 108 N. MAGNOLIA AVENUE SUITE 404 OCALA FL 34475	Name: John M. Reese Street Address (P.O. Box Number is Not Acceptable): 310 Golf Brook Circle #206 City: Longwood, FL **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 _____ 1/13/00
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, 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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 310 Golf Brook Circle #206 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 REQUIRED 1/13/00 4076824757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #