

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90059 035 \*\*\*150.00

**DOCUMENT # P99000022221**

1. Entity Name

**GLOBAL BROADBAND PLUS, INC.**

Principal Place of Business

11702 TIERRA VERDE LANE  
JACKSONVILLE FL 32223

Mailing Address

11702 TIERRA VERDE LANE  
JACKSONVILLE FL 32258-1532

2. Principal Place of Business

**5783 MINING TERRACE**

Suite, Apt. #, etc.

**#5**

City & State

**JACKSONVILLE, FL 32258**

Zip

**32257**

Country

3. Mailing Address

**11457 SAW JOSE BLVD**

Suite, Apt. #, etc.

**Suite 126**

City & State

**JAX, FL 32223**

Zip

**32223**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3562236**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**J. KEITH M. SANDS, ESQUIRE  
1551 ATLANTIC BOULEVARD  
SUITE 200  
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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, 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUETT, BRETT</b>	
STREET ADDRESS	<b>1760 GREENRIDGE CIRCLE SOUTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUETT, KEVIN E</b>	
STREET ADDRESS	<b>1760 GREENRIDGE CIRCLE SOUTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUETT, DAN E</b>	
STREET ADDRESS	<b>11702 TIERRA VERDE LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, BRIAN</b>	
STREET ADDRESS	<b>724 FRUIT COVE FOREST RD. E.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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]*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #