

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028927

1. Entity Name

GLOBAL BIZ DIRECTORY.COM, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90123 010 ***158.75

701291



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2511 VASCO STREET
SUITE 119
PUNTA GORDA FL 33950

2511 VASCO STREET
SUITE 119
PUNTA GORDA FL 33950-2852

2. Principal Place of Business

3. Mailing Address

2511 VASCO ST

2511 VASCO ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 118

SUITE 118

City & State

City & State

PUNTA GORDA FL

PUNTA GORDA FL

Zip

Country

Zip

Country

33950

USA

33950

USA

4. FEI Number

Applied For

65-0907619

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

GEERTS, JOSE P
706 WEST MARION AVENUE
PUNTA GORDA FL 33950

Name

GEORGE W JACKSON

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

1530 ORIOLE CT

City

PUNTA GORDA

FL

Zip Code

33950

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--------------------------------------------|
| TITLE | PSTD | <input checked="" type="checkbox"/> Delete |
| NAME | GEERTS, JOSE P | |
| STREET ADDRESS | 2511 VASCO STREET | |
| CITY-ST-ZIP | PUNTA GORDA FL 33950 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GEORGE JACKSON | |
| STREET ADDRESS | 1530 ORIOLE CT | |
| CITY-ST-ZIP | PUNTA GORDA FL 33950 | |
| TITLE | SECRETARY TREAS DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BYSTAIN THORADARSON | |
| STREET ADDRESS | 3431 Saint Croix Court | |
| CITY-ST-ZIP | Punta Gorda, FL 33950 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Tommy Shannon | |
| STREET ADDRESS | 5071 Cape Cole Blvd | |
| CITY-ST-ZIP | Punta Gorda, FL 33950 | |
| TITLE | Director. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | J.D. Sullivan | |
| STREET ADDRESS | 289 Beaupre | |
| CITY-ST-ZIP | Grosse Pointe Farms, MI 48236 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jon A. Finseth | |
| STREET ADDRESS | 163 Stonefence Lane | |
| CITY-ST-ZIP | Dublin, OH 43017 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Paul A. Grillo | |
| STREET ADDRESS | 17 Cullen Way | |
| CITY-ST-ZIP | Exeter, NH 03833 | |

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

Date

Daytime Phone #

CR2E034 (9/99)