

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048403

1. Entity Name  
GLOBAL INFORMATION SYSTEMS  
AND SERVICES INC,

Principal Place of Business  
6600 NW 14 STREET  
SUITE # 5  
PLANTATION FL 33313

Mailing Address  
6600 NW 14 STREET  
SUITE # 5  
PLANTATION FL 33322

2. Principal Place of Business  
6600 NW 14 STREET  
Suite Apt. #, etc.  
5  
City & State  
PLANTATION, FLORIDA  
Zip  
33313  
Country  
USA

3. Mailing Address  
6600 NW 14 STREET  
Suite Apt. #, etc.  
5  
City & State  
PLANTATION, FLORIDA  
Zip  
33313  
Country  
USA

6. Name and Address of Current Registered Agent

ANDREW CHARLES KING  
713 BOB O LINK CT.  
KISSIMMEE, FL 34759

4. FEI Number 650921118  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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	<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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ANDREW CHARLES KING
STREET ADDRESS	6600 NW 14 STREET, SUITE #5
CITY-ST-ZIP	PLANTATION, FL 33313
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	
CITY-ST-ZIP	
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	
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

ANDREW CHARLES KING 4/25/2000 (954) 316-7621

Date

Daytime Phone #

FILED  
Jun 07, 2000 8:00 am  
Secretary of State

06-07-2000 90001 025 \*\*\*150.00

00088891

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)