

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064820

1. Entity Name

GLOBAL INFORMATION NETWORK, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90032 045 ***150.00

Principal Place of Business

Mailing Address

192 FLAX TERRACE
JENSEN BEACH FL 34957

192 FLAX TERRACE
JENSEN BEACH FL 34957-4660

2. Principal Place of Business

3. Mailing Address

355 S Ocean Dr
Suite, Apt. #, etc.
P-809

PO Box 1508
Suite, Apt. #, etc.

City & State

City & State

Hutchinson Island FL

St Pierce FL

Zip

Country

Zip

Country

34949

USA

34949

4. FEI Number

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

SCHAEFFER, GEORGE J
192 FLAX TERRACE
JENSEN BEACH FL 34957

Name George J Schaeffer

Street Address (P.O. Box Number is Not Acceptable)
355 S Ocean Dr P-809

City Hutchinson Island

FL

Zip Code 34949

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 D
NAME SCHAEFFER, GEORGE J
STREET ADDRESS 192 FLAX TERRACE
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE P
NAME George J Schaeffer ☒ Change ☐ Addition
STREET ADDRESS 355 S Ocean Dr P-809
CITY-ST-ZIP Hutchinson Island FL 34949

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S/T
NAME Maupet T miles ☐ Change ☒ Addition
STREET ADDRESS 192 (192) Flax Ter
CITY-ST-ZIP Jensen Beach FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)