

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069669

1. Entity Name

GLOBAL MACHINERY AND SERVICES, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

05-15-2000 90281 002 ***150.00

Principal Place of Business Mailing Address
110 N. ARMENIA AVE., SUITE B 110 N. ARMENIA AVE., SUITE B
TAMPA FL 33609 TAMPA FL 33609-2302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OGUNTEBI, DURO 110 N. ARMENIA AVE., SUITE B TAMPA FL 33609		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) <input type="checkbox"/>		10. Election Campaign Financing-Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OGUNTEBI, DURO			NAME			
STREET ADDRESS	110 N. ARMENIA AVE., SUITE B			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METZGER, WALWIN			NAME			
STREET ADDRESS	508 W. MARTIN LUTHER KING BLVD.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWI, NEWTON S			NAME			
STREET ADDRESS	4713 W. CLEAR AVE.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEGEDE, FEMI			NAME			
STREET ADDRESS	27203 SEABREEZE WAY			STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL FL 33543			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, YOMI			NAME			
STREET ADDRESS	27203 SEABREEZE WAY			STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL FL 33543			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 5/30/00 813 254 0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)