

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90323 047 ***150.00

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1. Entity Name
GLOBAL ACCESS TECHNOLOGIES, INC.



Principal Place of Business
445 BLUEJAY WAY
ORLANDO FL 32828

Mailing Address
200 E. ROBINSON ST., STE. 500
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3617262**

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

TUNAYA, GEORGE A JR.
445 BLUEJAY WAY
ORLANDO FL 32828

Name
HENDRY, STONER, DELANCETT & BROWN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
200 E. ROBINSON STREET
SUITE 500
City **ORLANDO** **FL** **Zip Code** **32801**

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. I am familiar with, and accept the obligations of registered agent. **HENDRY, STONER, DELANCETT & BROWN, P.A.**

By:

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Delete
NAME	TUNAYA, GEORGE A JR.	
STREET ADDRESS	445 BLUEJAY WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GABRIEL, DANTE	
STREET ADDRESS	445 BLUEJAY WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, MIKE	
STREET ADDRESS	445 BLUEJAY WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALONE, RALPH	
STREET ADDRESS	445 BLUEJAY WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	NABOR, MELODIOUSO	
STREET ADDRESS	445 BLUEJAY WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GABRIEL, MARIA THERESA	
STREET ADDRESS	445 BLUEJAY WAY	
CITY-ST-ZIP	ORLANDO FL 32828	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kristen Warren	
STREET ADDRESS	11400 Wagon Rd #B	
CITY-ST-ZIP	Orlando, FL 32826	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Shige	
STREET ADDRESS	587 Palm Dr.	
CITY-ST-ZIP	Orlando, FL 32826	
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		

12. 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 10 or Block 11 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 #

CR2E034 (10/02)