

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001710

1. Entity Name

NETWORK SERVICES GROUP, INC.

Principal Place of Business

411 OLD STONE BRIDGE RD.
GOODLETTSVILLE TN 37072

Mailing Address

411 OLD STONE BRIDGE RD.
GOODLETTSVILLE TN 37072-3204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1675734

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MCDANIEL, DAVID C | |
| STREET ADDRESS | 117 CARRIAGE WAY | |
| CITY-ST-ZIP | HENDERSONVILLE TN 37075 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MCDANIEL, BETTY | |
| STREET ADDRESS | 117 CARRIAGE WAY | |
| CITY-ST-ZIP | HENDERSONVILLE TN 37075 | |
| 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 | David C. McDaniel | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 276 Blue Grass Drive | |
| STREET ADDRESS | Hendersonville, TN 37075 | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Betty McDaniel | |
| STREET ADDRESS | 276 Blue Grass Drive | |
| CITY-ST-ZIP | Hendersonville, TN 37075 | |
| 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:

Betty McDaniel Betty McDaniel

Date

Daytime Phone #

2-10-00

615 851-4001

CR2E034 (9/99)