

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -7 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000003518**  
1. Entity Name  
**Net Ops Engineering, LLC**

Principal Place of Business Mailing Address  
**5130 Commercial Dr.  
Melbourne, FL 32940**

2. Principal Place of Business 3. Mailing Address  
**394 East Drive** **394 East Drive**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
**Melbourne, FL** **Melbourne, FL**  
Zip Country Zip Country  
**32904 USA** **32904 USA**

4. FEI Number Applied For  
**59-3582301** Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Humphries, J. Gregory, Esq.  
20 North Orange Ave, Ste 1000  
Orlando, FL 32801-4626**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

400004341774  
-06/05/01--01050--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS  
TITLE NAME  Delete  
**MGRM**  
STREET ADDRESS **Venture Management Group, Inc**  
CITY-ST-ZIP **394 East Dr  
Melbourne, FL 32904**

10. ADDITIONS/CHANGES  
TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01 321-725-3001  
Date Daytime Phone #

CR2E083 (11/00)