

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90204 024 \*\*\*\*50.00

0028668

DOCUMENT # **L99000003518**

1. Entity Name

**NET OPS ENGINEERING, LLC**

Principal Place of Business

**394 EAST DRIVE  
MELBOURNE FL 32904**

Mailing Address

**394 EAST DRIVE  
MELBOURNE FL 32904**

**955677**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3582301**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUMPHRIES, J. GREGORY ESQ  
20 NORTH ORANGE AVE., SUITE 1000  
ORLANDO FL 32801-4626**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Delete
<b>MGRM VENTURE MANAGEMENT GROUP, INC. 394 EAST DRIVE MELBOURNE FL 32904</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)