


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90434 001 ***150.00
04-03-2003 90434 002 *****8.75

DOCUMENT # P02000069048
1. Entity Name
NETELSYS, INC



55022234

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7400 SW 36TH STREET
Suite, Apt. #, etc.

3. Mailing Address
7400 SW 36TH STREET
Suite, Apt. #, etc.

City & State
DAVIE, FL

City & State
DAVIE, FL

Zip
33314

Country
USA

Zip
33314

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0720280** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **MELISSA DAVIS**

Street Address (P.O. Box Number is Not Acceptable)
7400 SW 36TH STREET

City **DAVIE** State **FL** Zip Code **33314**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **MELISSA DAVIS** DATE: **4/1/2003**

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID STRANG, P/D 7400 SW 36TH STREET DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MELISSA DAVIS, T/S 7400 SW 36TH STREET DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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 on an attachment with an address that all of my like is empowered.

SIGNATURE:  **DAVID STRANG** Date: **4/1/2003** Daytime Phone #: **954-236-2666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)