


**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P93000088014**

Entity Name  
**NETWORK SPECIALTIES, INC.**

Principal Place of Business Mailing Address  
**7402 N 56TH ST 7402 N 56TH ST**  
**445 445**  
**TAMPA FL 33617 TAMPA FL 33617**  
**US US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

**FILED**  
**01 NOV 29 PM 1:39.**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
  
**REINSTATEMENT** 2001

4. FEI Number **59-3216117** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FULLER, JEFFREY M**  
**100 N TAMPA ST.**  
**SUITE 2650**  
**TAMPA FL 33602**

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 person submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE *Jeffrey M. Fuller* DATE **12-10-01**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANFORD, STANLEY H 33720 SICKLER DR DADE CITY FL 33523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, DAVID S 18109 KENNESAW CT TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	900004740879--5 -12/27/01--01028--024 *****550.00 *****550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	900004740879--5 -12/27/01--01028--025 *****200.00 *****200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	900004740879--5 -12/27/01--01028--026 *****8.75 *****8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stanley H. Sanford* DATE: **9/28/01** PHONE: **83-989-0445**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0087430 AV CR2E034 (5/01)