

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -9 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000006784
1. Entity Name
Network Staffing Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5613 Marinell Dr.
Suite, Apt. #, etc.

3. Mailing Address
5613 Marinell Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FLA.

City & State
ORLANDO FLA

Zip
32809 Country
USA

Zip
32809 Country
USA

4. FEI Number
59-3358394

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOSEPH T. WEAVER

Street Address (P.O. Box Number is Not Acceptable)
5613 MARINELL DR.

City
ORLANDO FL Zip Code
32809

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 JOSEPH T. WEAVER DATE 4-27-02
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. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>(P) JOSEPH T. WEAVER</u> STREET ADDRESS <u>5613 MARINELL DR. ORL FLA</u> CITY-ST-ZIP <u>32809</u>	TITLE NAME <u>700006413357--5</u> STREET ADDRESS <u>-07/15/02--01083--018</u> CITY-ST-ZIP <u>****150.00 ****150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH T. WEAVER JOSEPH T. WEAVER DATE 4-27-02 DAYTIME PHONE # 407 852-0579

CR2E034B (12/01)

To Whom it may Concern, 7-2-02

I did not receive a "reject letter" because several mailboxes were vandalized including mine. I strongly believe this to be the reason why I missed the correspondence. I'm a small business owner with limited resources therefore I plead with you to waive the \$600 reinstatement fee at this time.

I responded to your May 15 letter and was instructed to give this information enclosed, send the UBR, and send \$150.00 by 7-15-02. I have followed these instructions.

Please help me settle this matter promptly it would be greatly appreciated.

Sincerely, Joe Warr
Network Staffing Inc

Ref# P96000006788