

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094479

1. Entity Name

NETWORK SERVICE ASSOCIATES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90174 045 ***150.00

Principal Place of Business

Mailing Address

9401 NW 42ND STREET
 SUNRISE FL 33351

9401 NW 42ND STREET
 SUNRISE FL 33351-7629

2. Principal Place of Business

3. Mailing Address

6829 N.W 81 St.

6829 N.W 81 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Parkland FL

City & State
 Parkland FL

4. FEI Number 65-0873821

Applied For
 Not Applicable

Zip
 33067

Country
 USA

Zip
 33067

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAWBY, LISSETTE A
 9401 NW 42ND STREET
 SUNRISE FL 33351

Name

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

6829 N.W 81 Street
 Parkland FL Zip Code 33067

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD Delete
 NAME MAWBY, LISSETT A
 STREET ADDRESS 9401 NW 42ND STREET
 CITY-ST-ZIP SUNRISE FL 33351

TITLE Change Addition
 NAME Lissette A. mawby
 STREET ADDRESS 6829 NW 81 ST.
 CITY-ST-ZIP Parkland, FL 33067

TITLE VSD Delete
 NAME MAWBY, CHRISTOPHER L
 STREET ADDRESS 9401 NW 42ND STREET
 CITY-ST-ZIP SUNRISE FL 33351

TITLE Change Addition
 NAME 6829 N.W 81 ST.
 STREET ADDRESS parkland
 CITY-ST-ZIP FL 33067

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Lisette A. Mawby Lissette Mawby 754-346-2288
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)