

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90071 025 \*\*\*150.00

**DOCUMENT # P99000018994**

1. Entity Name  
**NOTHING BUT NET, INC.**

Principal Place of Business

Mailing Address

**2000 BANKS RD  
 218  
 MARGATE FL 33063  
 US**

**2000 BANKS RD  
 218  
 MARGATE FL 33063  
 US**

2. Principal Place of Business

3. Mailing Address

**2000 Banks Rd  
 Suite, Apt. #, etc.  
 223**

Suite, Apt. #, etc.

**MARGATE FL**

City & State

4. FEI Number **APPLIED FOR**  
**650898629**

Applied For  
 Not Applicable

**33063 USA**

Zip Country

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

**WOODRUM, TIMOTHY P  
 7378 W. ATLANTIC BLVD., #283  
 MARGATE FL 33063**

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

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, 2001 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 **D** ☐ Delete  
 NAME **WOODRUM, TIMOTHY P**  
 STREET ADDRESS **7378 W. ATLANTIC BLVD., #283**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MARK A Texeria**  
 STREET ADDRESS **2000 BANKS Rd 223**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☒ Delete  
 NAME **LEE, MARLIN R JR**  
 STREET ADDRESS **7378 W. ATLANTIC BLVD., #283**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Change ☒ Addition  
 NAME **PAUL ALCOCK**  
 STREET ADDRESS **2000 BANK Rd 223**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)