

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90085 042 ***150.00

DOCUMENT # P99000047030

1. Entity Name

NETCOM COMPUTER CONSULTING, INC.

Principal Place of Business

Mailing Address

5930-G WINDHOVER DRIVE
 ORLANDO FL 32819

5930-G WINDHOVER DRIVE
 ORLANDO FL 32819-7589

2. Principal Place of Business

14018 CHERRY BUSH COURT
 Suite, Apt. #, etc.

3. Mailing Address

14018 CHERRY BUSH COURT
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 ORLANDO, FL

City & State
 ORLANDO, FL

4. FEI Number
 59-3578438

Applied For
 Not Applicable

Zip Country
 32828 ORANGE

Zip Country
 32828 ORANGE

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

SAFFAR, SAAD
 5930-G WINDHOVER DRIVE
 ORLANDO FL 32819

Name SAFFAR, SAAD
 Street Address (P.O. Box Number is Not Acceptable)
 14018 CHERRY BUSH COURT
 ORLANDO
 City FL Zip Code 32828

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	D	<input type="checkbox"/> Delete
NAME	SAFFAR, SAAD	
STREET ADDRESS	5930-G WINDHOVER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFFAR, SAAD	
STREET ADDRESS	14018 CHERRY BUSH COURT	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SAAD SAFFAR

Date 3/26/2000 Daytime Phone # (407) 380-7311