

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076954

1. Entity Name

NET COMMERCE GROUP, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

03-08-2000 90014 046 ***150.00

Principal Place of Business: 3372 CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32308
 Mailing Address: 3372 CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32309-3710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **59-3600116**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
HARRIS, FRED F JR.
101 E. COLLEGE AVE.
TALLAHASSEE FL 32301

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 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ (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 NAME	President	<input type="checkbox"/> Delete
STREET ADDRESS	Shannon McWilliams	
CITY-ST-ZIP	3372 Captial Circle NE Tallahassee, FL 32308	
TITLE NAME	Chairman	<input type="checkbox"/> Delete
STREET ADDRESS	Richard S. Kearney	
CITY-ST-ZIP	3372 Capital Circle NE Tallahassee, FL 32308	
TITLE NAME	Secretary	<input type="checkbox"/> Delete
STREET ADDRESS	Erin Ennis Enlow	
CITY-ST-ZIP	3372 Capital Circle NE Tallahassee, FL 32308	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Erin Ennis Enlow 1/2/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)