

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90215 027 ***150.00

DOCUMENT # P99000102090

1. Entity Name
NETWORK SUPPORT GROUP, INC.

Principal Place of Business Mailing Address
6509 LAMP POST DRIVE **P.O. BOX 271682**
TAMPA FL 33625 **TAMPA FL 33688-1682**

2. Principal Place of Business 3. Mailing Address
1900 US Hwy 41 N. **Same as at left**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit 113

City & State City & State
Lutz, FL

Zip Country Zip Country
33549 **USA**

4. FEI Number Applied For
59-3609094 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCOTT, DEBORAH L
6509 LAMP POST DRIVE
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name **Scott, Michael G.**
 Street Address (P.O. Box Number is Not Acceptable)
1900 US Hwy 41 N.
Unit 113
 City **Lutz** FL Zip Code **33549**

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 DATE **5-1-01**
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)

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 <input type="checkbox"/> Delete
NAME	SCOT, DEBORAH L
STREET ADDRESS	6509 LAMP POST DRIVE
CITY-ST-ZIP	TAMPA FL 33625
TITLE	D <input type="checkbox"/> Delete
NAME	SCOTT, MICHAEL G
STREET ADDRESS	6509 LAMP POST DRIVE
CITY-ST-ZIP	TAMPA FL 33625
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Last name Scott
STREET ADDRESS	Address same as above
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Address Same as above
CITY-ST-ZIP	
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: Date **5-1-01** Daytime Phone # **813 963 9991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)