

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90153 008 ***150.00

DOCUMENT # P99000104697

1. Entity Name

NETWORK SUPPORT INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

~~138 NORTH SWINTON AVE
 DELRAY BEACH FL 33444~~

~~138 NORTH SWINTON AVE
 DELRAY BEACH FL 33444~~

2. Principal Place of Business

3. Mailing Address

6504 CONTEMPO LN

6504 CONTEMPO LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number

Applied For
 Not Applicable

Zip
33433

Country
USA

Zip
33433

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

**SIMMS, RJ
 138 NORTH SWINTON AVE
 DELRAY BEACH FL 33444**

Name

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

6504 CONTEMPO LN

City **BOCA RATON, FL** **FL** Zip Code **33433**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

RJ Simms

4/29/00

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 Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DIRECTOR
RJ SIMMS
6504 CONTEMPO LN
BOCA RATON FL 33433

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RJ SIMMS

Date

APRIL 29/00

Daytime Phone #

561-368-3404

CR2E034 (9/99)