

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000047030**

1. Entity Name

NETCOM COMPUTER CONSULTING, INC.**FILED**
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90085 042 ***150.00

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

3. Mailing Address

14018 CHERRY BUSH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

**SAFFAR, SAAD
5930-G WINDHOVER DRIVE
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

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

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		
CITY-ST-ZIP		

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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAFFAR, SAAD	<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		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/2000 (407)380-7311