

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102003

1. Entity Name

INET TECHNOLOGY GROUP INCORPORATED

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90056 041 \*\*\*158.75

930000



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
326 GREEN ACRES ROAD 326 GREEN ACRES ROAD  
FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3613365 Applied For Not Applicable

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

HACKNEY, ROBERT C  
4400 PGA BOULEVARD  
SUITE 505  
PALM BEACH GARDENS FL 33410

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 8 FEB 2000 DATE

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	ROY, MALCOLM R	
STREET ADDRESS	4493 OCEAN VIEW DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Glen Brown	
STREET ADDRESS	626 Parkview Circle	
CITY-ST-ZIP	Austin, TX 78731	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moya Sigler	
STREET ADDRESS	326 Green Acres Road Suite A	
CITY-ST-ZIP	Ft Walton Bch., FL 32547	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Van Eggers	
STREET ADDRESS	326 Green Acres Road, Suite A	
CITY-ST-ZIP	Ft Walton Bch., FL 32547	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elsie Jeanette Tyner	
STREET ADDRESS	326 Green Acres Road	
CITY-ST-ZIP	Ft Walton Bch., FL 32547	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex Bruner	
STREET ADDRESS	105 Challenger Rd 7th Floor	
CITY-ST-ZIP	Richfield Park, NJ 07660	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)