2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90032 027 ***150.00

DOCUMENT # P95000058381

1. Entity Name
NETAGE, INC.

Principal Place of Business	Mailing Address
9951 ATLANTIC BLVD SUITE 310 JACKSONVILLE FL 32225 US	9951 ATLANTIC BLVD. SUITE 310 JACKSONVILLE FL 32225 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
NETAGE INC	9951 ATLANTIC BLVD
Suite, Apt. #, etc.: SUITE # 310	Suite, Apt. #, etc.: SUITE # 310
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32225 Country: DUAL COUNTY	Zip: 32225 Country: DUAL COUNTY

4. FEI Number 59-3329894 59-3329894 ☐ 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
HALADY, GURUNATH M 9951 ATLANTIC BLVD. SUITE 310 JACKSONVILLE FL 32225	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 _____
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALADY, GURUNATH M 9951 ATLANTIC BLVD., STE. 310 JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: GURUNATH HALADY 4-6-01 904-724-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #