2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0100002993 1. Entity Name Gom Industries Plan J&M NETWORKING, INC.					Jan 22, 2002 8:00 am Secretary of State 01-22-2002 90011 013 ***150.00				
Principal Plac	ce of Business	Mailing Address							
18315 49TH STREET NORTH LOXAHATCHEE FL 33470		18315 49TH STREET NORTH LOXAHATCHEE FL 33470							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	FEI Number	65-1028364	<u> </u>	Applied For	
Zip Country		Zip Country		5. (5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current R	egistered Agent		7. 1	Name and A	ddress of New Regis		uirea	
			Name						
KIPNIS TESCHER LIPPMAN & VALINSKY, P.A. 100 N.E. 3RD AVENUE, SUITE 610			Street A	Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUD	DERDALE FL 33301								
)		City				FL Zip C	Code	
Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			Trust	on Campaign Financi Fund Contribution.	□ Ād	5.00 May Be Ided to Fees	
11.	OFFICERS AND D		12.			HANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS ANTONUCCI, MARK 18315 49TH STREET NORTH LOXAHATCHEE FL 33470	Delete	NAME STREET ADDRESS CITY-ST-ZIP	620 Boca	sas , Radon,	Hopper 66+ Hoe FL 334	Change 28	ge Addition	
title Name Street, address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang 	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	ge 🔲 Addition	
ITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	_	
of the cor	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee impower or on an attachment with an address, with	ue and accurate and that my	∠signature shall ha	ave the same I	egal effect a:	s if made under oath:	that I am an office	cer or director 1	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

Daytime Phone #