

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90512 005 ***150.00

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1. Entity Name
NETWOLVES TECHNOLOGIES CORPORATION



Principal Place of Business
**4002 EISENHOWER BLVD.
SUITE 101
TAMPA FL 33634-7511**

Mailing Address
**4002 EISENHOWER BLVD.
SUITE 101
TAMPA FL 33634-7511**

11003846



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 **11-3439392**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **GROTEKE, WALTER M**
STREET ADDRESS **1102 S. BAYSHORE BLVD.**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **Myron Levy - Director** ☐ Change ☒ Addition
NAME **807 Bent Creek Drive**
STREET ADDRESS **Lititz, PA 17543**
CITY-ST-ZIP

TITLE **TS** ☐ Delete
NAME **CASTLE, PETER C**
STREET ADDRESS **5313 ARCHSTONE DR. #204**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **Director** ☐ Change ☒ Addition
NAME **Carlos Campbell**
STREET ADDRESS **11530 Links Drive**
CITY-ST-ZIP **Reston, VA 20190-4821**

TITLE **V** ☐ Delete
NAME **GROTEKE, SR., WALTER R**
STREET ADDRESS **1213 ALAMEDA AVE.**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **Director** ☐ Change ☒ Addition
NAME **Fasil Gabremariam**
STREET ADDRESS **4209 West Platt Street**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with authority-like empowered.

SIGNATURE:

SIGNATURE REQUIRED **Castle**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03
Date

813-286-8644
Daytime Phone #

CR2E034 (10/02)