2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

F01000005880

Mailing Address

1591 E. ATLANTIC AVE., STE 103

POMPANO BEACH FL 33060

1. Entity Name

NET2PRINTER, INC.

Principal Place of Business

POMPANO BEACH FL 33060

1591 E. ATLANTIC AVE., STE 103



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90142 010 ***150.00

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2. Principal P	Place of Business 3. Mailing Address						I TREATER IIII DAIDI TERIF BRIIL BRIIL BRIIL BRIIL	(89181	J 81402 10101 11	. (11 44 61 (11 61		
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State	city & State						4. FEI	Number 65-1137884			plied For t Applicable	
Zip	~	Country	Zip	Zip Count			~ 5. Cer	rtificate of Status Desired = -		3.75 Addi e Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
WEINDEDO OTEUE					Name							
WEINBERG, STEVE 7808 SW G CT					Street Address (P.O. Box Number is Not Acceptable)							
	ON FL 3332)A										
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		1	1 1		City			F	ᅵ	Zip Code	•	
	named entity ons of regist		or the purpose of changing its	registere	ed office or	registere	ed agent	t, or both, in the State of Florida. I ar	n fam	niliar with, a	and accept	
the obligati	Ons Or regis	ered again	.					ラ/L	, A =	,		
SIGNATURE .	Signature, typed	or printing galage of registered agen	t and Ne if applicable. (NOT	F: Registerer	d Agent signati	ire required w	when reinst	tating) DATE	<u>ر</u> ن	<u> </u>		
		! FEE IS \$150.00	,,,,,,						—	<u></u>		
		: FEE IS \$430.00 I3 Fee will be \$550.00						9. Election Campaign Financing			May Be	
Make Check	Payable to	Florida Department	of State					Trust Fund Contribution.	ш	Added	to Fees	
10.		OFFICERS AND	DIRECTORS	11.			ADDI	TIONS/CHANGES TO OFFICERS A	1D D	RECTORS	S IN 11	
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CITY-ST-ZIP	* 4				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 all other like empowered.

SIGNATURE:

REQUIRED