2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000006083**

1. Entity Name

NETWORK COMMUNICATIONS TECHNOLOGIES, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 411407 CHARLOTTE NC 28241 P.O. BOX 411407

CHARLOTTE NC 28241-1407

X

FILED

00 JUL 27 AM 8: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

City & State	е	City & State		4. FEI Number 56-1811424	Not Applicable	
Žip	Country	. Zip	Country		3.75 Additional e Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name			
103 1	PDIRECT AGENTS N. MERIDIAN ST., LOWER LEVEL AHASSEE FL 32301		Street Address	(P.O. Box Number is Not Acceptable) 700033836 -09/06/00010 ****150.00 FL	072 084021 ****150.00 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						
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Make Check Payable			!! FEE IS \$150.00 00 Fee will be \$550.00 de to Department of St		\$5.00 May Be Added to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ELIA, ELIAS P 10817 SOUTHERN LOOP BLVD. PINEVILLE NC 28134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRETARY NALLS H. COMBS BIT SOUTHERN LOOP BL WEVILLE, NC 28134	Change X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST PATTERSON, THOMAS J JR. 10816 SOUTHERN LOOP BLVD. PINEVILLE NC 28134	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE, NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	Change Addition	
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13. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exemption stated in S	ection 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.

DOUBLA H COMA

12.00 70

764 588 3588

Daytime Phone #





7.12.00

pear Six or Madam,

Please sonsider this request for abatiment

Please sonsider this request for abatiment

of the \$4000 late fee on the 2000 UBR.

Our CST, Mr. Thomas Pattuson, passed away at

the end of January. The tax forms were filed

way in error and I just uncovered the

forms today.

Sincerely, Something Secretary

Corporate Office:

P. O. Box 411407 Charlotte, NC 28241 Phone: 704.588.3588 Fax: 704.588.8797 Internet: http://www.nct.com Raleigh Office:

3000 Aerial Ctr. Pkwy. Suite 170 Morrisville, NC 27560 Phone: 919.462.9034 Fax: 919.462.9035 Greensboro Office:

7345 W. Friendly Ave. Suite B Greensboro, NC 27410 Phone: 336.852.2003 Fax: 336.856.9005 Greenville Office:

1200 Woodruff Rd. Suite A-3 Greenville, SC 29607 Phone: 864.627.5363 Fax: 864.272.3428