

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90069 019 ***150.00

DOCUMENT # F98000003716

1. Entity Name
COM-NET SERVICES, INC.

Principal Place of Business 8232 W. DARRYL BATON ROUGE LA 70815-8093	Mailing Address 8183 W. EL CAJON BATON ROUGE LA 70815-8093
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DO NOT WRITE IN THIS SPACE

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 **72-1393331**

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
 % CT CORPORATION SYSTEM
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	C	<input type="checkbox"/> Delete
NAME	THOMAS, NEWTON B	
STREET ADDRESS	8183 W. EL CAJON	
CITY-ST-ZIP	BATON ROUGE LA 70815	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PHILLIPS, N. LARON	
STREET ADDRESS	8183 W. EL CAJON	
CITY-ST-ZIP	BATON ROUGE LA 70815	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOWREY, ALTON L	
STREET ADDRESS	8183 W. EL CAJON	
CITY-ST-ZIP	BATON ROUGE LA 70815-8093	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OATLEY, DAVID A	
STREET ADDRESS	11933 PARKBROOK	
CITY-ST-ZIP	BATON ROUGE LA 70816	
TITLE	V	<input type="checkbox"/> Delete
NAME	LACY, MICHAEL A	
STREET ADDRESS	2400 W. MICHIGAN AVE., STE 21	
CITY-ST-ZIP	PENSACOLA FL 32526-2219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE OF DAVID A OATLEY - VP DATE: 4/11/02 DAYTIME PHONE #: 228-927-8921

CR2E034 (9/01)