

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006614

1. Entity Name

PF.NET NETWORK SERVICES CORP.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90001 006 \*\*\*550.00

Principal Place of Business

Mailing Address

1625 B STREET  
WASHOUGAL WA 98671

1625 B STREET  
WASHOUGAL WA 98671

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 **91-1949377**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	WARTA, JOHN	
STREET ADDRESS	1625 B STREET	
CITY-ST-ZIP	WASHOUGAL WA 98671	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, STEPHEN	
STREET ADDRESS	505 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VST	<input type="checkbox"/> Delete
NAME	WRIGHT, PHIL	
STREET ADDRESS	1625 B STREET	
CITY-ST-ZIP	WASHOUGAL WA 98671	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZITO, CHARLES	
STREET ADDRESS	505 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KWIAT, BRIAN	
STREET ADDRESS	280 PARK AVE. 38TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAMIRIS, GEORGE	
STREET ADDRESS	4111 E. 37TH STREET NORTH	
CITY-ST-ZIP	WICHITA KS 67220	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin, Anthony	
STREET ADDRESS	2113 Polo Pointe Dr.	
CITY-ST-ZIP	Vienna, VA 22181	
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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)