

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90085 023 ***150.00

DOCUMENT # J92271

1. Entity Name
NETAM INDUSTRIES, INC.

Principal Place of Business

**406 COMMERCE WAY
 JUPITER FL 33458
 US**

Mailing Address

**406 COMMERCE WAY
 JUPITER FL 33458
 US**

2. Principal Place of Business

707 COMMERCE WAY
 Suite, Apt. #, etc.
N/A

3. Mailing Address

707 COMMERCE WAY
 Suite, Apt. #, etc.
N/A

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33458

Country

US

Zip

33458

Country

US

4. FEI Number **59-2844782**

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

**STEEVES, RICHARD W
 406 COMMERCE WAY
 JUPITER FL 33458**

Name

Street Address (P.O. Box Number is Not Acceptable)

707 COMMERCE WAY

JUPITER

FL

Zip Code
33458

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, 2001 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	PV	<input type="checkbox"/> Delete
NAME	STEEVES, RICHARD W.	
STREET ADDRESS	22 CAMBRIA RD WEST	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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: **Richard W. Steeves** **RICHARD W. STEEVES**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01 561-747-3556

CR2E034 (10/00)