

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90325 024 ***150.00

DOCUMENT # L00000010101

1. Entity Name

NET VILLAGE.COM. LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12 S.E. 1ST AVENUE

3. Mailing Address
12 S.E. 1ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH, FLORIDA

City & State
DELRAY BEACH, FLORIDA

4. FEI Number 65-1033728

Applied For
Not Applicable

Zip
33444

Country
USA

Zip
33444

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DREW M. LEVITT

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

855 S. FEDERAL HWY SUITE 212

City BOCA RATON

FL

Zip Code
33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NATHAN HAMMOND P
342 MAIN STREET
LAUREL, MD 20707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALLEN, BETTY E. ST
12 S.E. 1ST AVENUE
DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAN ARNEM, HAROLD D
12 S.E. 1ST AVENUE
DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAN ARNEM, KENNETH, M. VP/ D
3314 LOWSON BLVD.
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty E. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

541-272-2912

Date

Daytime Phone #