

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000388

1. Entity Name

ISP.NET, L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PH 2:09



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6800 SOUTHPOINT PKWY. SUITE 902
JACKSONVILLE FL 32516

Mailing Address

6800 SOUTHPOINT PKWY. SUITE 902
JACKSONVILLE FL 32216-6221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME KOZIK, JOHN
STREET ADDRESS 6800 SOUTHPOINT PKWY, SUITE 902
CITY- ST- ZIP JACKSONVILLE FL 32516

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800003132108--8
CITY- ST- ZIP 02/11/00-01014--005

TITLE MGRM ☐ Delete
NAME HOLLIS, JIM
STREET ADDRESS 250 N. TRADE ST, S-200
CITY- ST- ZIP MATHEWS NC 28105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/2/00 904-465-4265
Date Daytime Phone #

CR2E083 (9/99)