

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001474

1. Entity Name  
NETWORK TECHNOLOGY SOLUTIONS, L.C.

FILED

01 APR 30 PM 6:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3620 SEVEN SPRINGS BLVD.  
NEWPORT RICHEY FL 34655

Mailing Address  
3620 SEVEN SPRINGS BLVD.  
NEWPORT RICHEY FL 34655

2. Principal Place of Business  
7202 Woodbrook Dr  
Suite, Apt. #, etc.

3. Mailing Address  
7202 Woodbrook Dr  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number  
59-3528095

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip  
33625

Country  
USA

Zip  
33625

Country  
USA

6. Name and Address of Current Registered Agent  
KOMURA, MARK  
3620 SEVEN SPRINGS BLVD.  
NEWPORT RICHEY FL 34655

7. Name and Address of New Registered Agent  
Name  
MARK KOMURA  
Street Address (P.O. Box Number is Not Acceptable)  
7202 Woodbrook Dr  
City  
Tampa FL Zip Code  
33625

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 Mark Komura DATE 4/12/01

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

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOMURA, MARK 3620 SEVEN SPRINGS BLVD. NEWPORT RICHEY FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOMURA, MARK 7202 Woodbrook Dr. Tampa, FL 33625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: Mark Komura ID MARK KOMURA DATE 4/12/01 DAYTIME PHONE # 727-858-1045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)