

# 2001 UNIFORM BUSINESS REPORT (UBR)

UN03418 AF

DOCUMENT # L99000003005

1. Entity Name  
NETWORKX, L.L.C.

FILED

01 JAN 16 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
831 NORTH MONROE STREET  
TALLAHASSEE FL 32303

Mailing Address  
831 NORTH MONROE STREET  
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3580043

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

SMITH, DOUGLAS W  
1136 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

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 NAME MGRM BUSINESS COMMUNICATIONS, INC. ☐ Delete  
STREET ADDRESS 831 NORTH MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE NAME MGRM EGGERT, CHRISTOPHER ☐ Delete  
STREET ADDRESS 215 MILL BRANCH ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003576761--4  
CITY-ST-ZIP -01/26/01--01067--003

TITLE NAME MGR FONTELA, LUCIA P ☐ Delete  
STREET ADDRESS 1837 EASTON FOREST DR.  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00, \*\*\*\*\*50.00  
CITY-ST-ZIP

TITLE NAME MGRM ALLEN, TOM III ☐ Delete  
STREET ADDRESS 831 NORTH MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE NAME MGRM SMITH, DOUGLAS W ☐ Delete  
STREET ADDRESS 831 NORTH MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

1/11/01

(850)205 8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)