2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000004559

1. Entity Name

NETSPEEDCONSULTING.COM, L.L.C.

Principal Place of Business	Mailing Address
2015 CAMERON DRIVE	2015 CAMERON DRIVE
PENSACOLA FL 32505	PENSACOLA FL 32505-1895

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number   59-3598142   ☐ 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
WILSON, PAUL A 4300 BAYOU BLVD., SUITE 13 PENSACOLA FL 32503	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				☐ Change ☐ Addition
NAME	HARRIS, JAMES D		TITLE			
STREET ADDRESS	2015 CAMERON DRIVE		NAME			
CITY-ST-ZIP	PENSACOLA FL 32505		STREET ADDRESS			3/8/00
TITLE	MGRM	☐ Delete	CITY-ST-ZIP			
NAME	BRANNICK, JOAN P		TITLE			☐ Change ☐ Addition
STREET ADDRESS	10416 TERA DRIVE		NAME			?00003165437--2
CITY-ST-ZIP	RIVERVIEW FL 33569		STREET ADDRESS			-03/10/00--01087--002
			CITY-ST-ZIP			*****50.00 *****50.00
TITLE	MGRM	☐ Delete	TITLE			☐ Change ☐ Addition
NAME	GATES, JAMES		NAME			
STREET ADDRESS	8683 ASH COURT		STREET ADDRESS			
CITY-ST-ZIP	DAPHNE AL 36527		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E083 (9/99)

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   2/22/00   850-476-6633

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