2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004723

1. Entity Name

NET SIGNATURE LLC

FILED

00 JAN 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3240-A JUAN TABO NE. STE 2114 ALBUQUERQUE NM 87111	3240-A JUAN TABO NE. STE 2114 ALBUQUERQUE NM 87111-5129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 E Indiantown Rd	900 E Indiantown Rd
Suite, Apt. #, etc.: Suite 216	Suite, Apt. #, etc.: Suite 216
City & State: Jupiter FL	City & State: Jupiter FL
Zip: 33477 Country: USA	Zip: 33477 Country: USA

4. FEI Number: 65-0939647 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILCOX, JEFFREY R
900 E. INDIANTOWN ROAD, STE 100
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name: Terry A. Neves
Street Address (P.O. Box Number is Not Acceptable): 900 E Indiantown Rd
Suite 216
City: Jupiter **FL** Zip Code: 33477

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: Terry A. Neves, managing member NEVES Terry A Neves 1/10/00
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 / STREET ADDRESS / CITY-ST-ZIP	MGRM NEVES, TERRY 2701 PALO ALTO DRIVE NE ALBUQUERQUE NM	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 900 E Indiantown Rd. Suite 216 Jupiter FL 33477
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NEVES, ELIZABETH A 2701 PALO ALTO DRIVE NE ALBUQUERQUE NM	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 87112
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500003118925--6 -02/01/00--01100--007 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

Terry A Neves (NEVES)

SIGNATURE: SIGNATURE REQUIRED Terry A. Neves, managing member 1/10/00 (561) 741-7181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #