

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L9900004727**

1. Entity Name
HDS INTERNET LLC.

Principal Place of Business

900 E. INDIANTOWN ROAD, SUITE 216
JUPITER FL 33477

Mailing Address

900 E. INDIANTOWN ROAD, SUITE 216
JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0939643

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEVES, TERRY A
900 E. INDIANTOWN ROAD, SUITE 216
JUPITER FL 33477

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
NAME NEVES, TERRY
STREET ADDRESS 900 E. INDIANTOWN ROAD, SUITE 216
CITY-ST-ZIP JUPITER FL 33477

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE MGRM
NAME NEVES, ELIZABETH A
STREET ADDRESS 2701 PALO ALTO DRIVE NE
CITY-ST-ZIP ALBUQUERQUE NM 87112

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

500003887875--2
-03/20/01--01036--013

\$50.00

Charge 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

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.

561-741-7181

SIGNATURE: *Neves, Terry, Manager*

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

103-05-01

Date

Daytime Phone #

03/01/01

AF



DO NOT WRITE IN THIS SPACE

MJH

CR2E083 (11/00)