FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P00000011518 1. Entity Name OFFICENET, INC. 01-29-2001 90003 020 ***158.75 Principal Place of Business Mailing Address C/O JUPITER LAW CENTER C/O JUPITER LAW CENTER 6390 INDIANTOWN ROAD STE 30 6390 INDIANTOWN ROAD STE 30 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-09 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUMSON, ADAM S ESQ Street Address (P.O. Box Number is Not Acceptable) C/O JUPITER LAW CENTER 6390 INDIANTOWN ROAD STE 30 JUPITER FL 33458 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. GUHSON, SANDRAE TITLE ☐ Delete TITI F SANDRA Brange GLUMSON, SANDRA B NAME NAME 2624 LAIQUE CIRCLE STREET ADDRESS STREET ADDRESS Palm Berel Garden 42 33410 CITY-ST-ZIP PALM BEACH CARDENS FL 33410 CITY-ST-ZIP UMSON.LISSA ☐ Delete TITLE ☐ Change ☐ Addition NAME GLUMSON, LISSA M NAME Lalique (STREET ADDRESS 2624 LAIQUE CIRCLE STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410. CITY-ST-7IP TITLE Delete -·HILE · ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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-7IP CITY-ST-7IP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all ther like empowered.