

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014500

1. Entity Name

NETWORKING EXPERTS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90096 014 ***150.00

Principal Place of Business

18 CUNNINGHAM DRIVE
NEW SMYRNA BEACH FL 32168

Mailing Address

18 CUNNINGHAM DRIVE
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3. Mailing Address

POB 2840

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

4. FEI Number

59-3629047

Applied For

Not Applicable

Zip

Country

Zip

Country

32170-2840

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, MARK M
18 CUNNINGHAM DRIVE
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

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 MARK M LAMBERT

Signature typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, month, year

24 APR 2001

407-380-8528

CR2E034 (10/00)