

2001 UNIFORM BUSINESS REPORT (UBR)

5/11/

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-11-2001 90062 041 ***150.00

DOCUMENT # P00000015238

1. Entity Name
DIRECTNET ADVERTISING.NET, INC.

Principal Place of Business

Mailing Address

9400 4TH STREET NORTH, SUITE 200
ST PETERSBURG FL 33702

9400 4TH STREET NORTH, SUITE 200
ST PETERSBURG FL 33702

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

59-3626325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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	Pres/Dire.	<input type="checkbox"/> Delete
NAME	Paul Soltoff	
STREET ADDRESS	9400 4th Street N #200	
CITY-ST-ZIP	St Petersburg FL 33702	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Eric Obeck	
STREET ADDRESS	9400 4th Street N #200	
CITY-ST-ZIP	St Petersburg FL 33702	
TITLE	Sec/Treas.	<input type="checkbox"/> Delete
NAME	Donald Gould	
STREET ADDRESS	9400 4th Street N #200	
CITY-ST-ZIP	St Petersburg FL 33702	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Harry Greene	
STREET ADDRESS	9400 4th Street N #200	
CITY-ST-ZIP	St Petersburg FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Paul Soltoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 Paul Soltoff
Date Signature

727-516 6630
Home Phone

CR2E034 (10/00)