

2004 **UNIFORM BUSINESS REPORT (UBR)****FILED**
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90031 021 ***150.00

DOCUMENT # P000000273141. Entity Name
NET INCUBATOR, INC.

Principal Place of Business Mailing Address

**7006 Atlantic Blvd.
Jacksonville FL 32211-8706****24020530**2. Principal Place of Business 3. Mailing Address
7006 Atlantic Blvd. 7006 Atlantic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville FLCity & State
Jacksonville FL4. FEI Number
59-3629241Applied For
Not ApplicableZip
32211-8706Country
DuvalZip
32211-8706Country
Duval5. 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

**DEVRY E. DEWAN
7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706**

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, 2004 Fee will be \$650.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVP** **BRETT BRENNER** ☐ Delete
NAME **28 MACKERAL ST**
STREET ADDRESS **PONTE VEDRA BEACH FL 32082**
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 appendices, with all other like and powered.

CR2E034 (11/00)