

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000030292**1. Entity Name
AXIOM NETWORKS, INC.

Principal Place of Business

10210 MARSH HARBOR WAY
UNIT 3
RIIVERVIEW FL
33569

Mailing Address

10210 MARSH HARBOR WAY
UNIT 3
RIIVERVIEW FL
335692. Principal Place of Business
10310 VENITIA REAL AVE.3. Mailing Address
10310 VENITIA REAL AVE.Suite, Apt. #, etc.
UNIT 306Suite, Apt. #, etc.
UNIT 306City & State
TAMPA FLCity & State
TAMPA FLZip
33647

Country

Zip
33647

Country

4. FEI Number
59-3634964

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES
33134 US

FL

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 _____ **04/30/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	SHUMAN DAVID N	
STREET ADDRESS	10210 MARSH HARBOR WAY	
CITY-ST-ZIP	RIIVERVIEW FL 33569	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHUMAN SANDRA L	
STREET ADDRESS	10210 MARSH HARBOR WAY	
CITY-ST-ZIP	RIIVERVIEW FL 33569	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHUMAN SCOT D	
STREET ADDRESS	10210 MARSH HARBOR WAY	
CITY-ST-ZIP	RIIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN DAVID N	
STREET ADDRESS	P.O. BOX 13164	
CITY-ST-ZIP	TAMPA FL 33681	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN SANDRA L	
STREET ADDRESS	P.O. BOX 13164	
CITY-ST-ZIP	TAMPA FL 33681	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN SCOT D	
STREET ADDRESS	10310 VENITIA REAL AVE. #306	
CITY-ST-ZIP	TAMPA FL 33647	
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
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: Scot D. Shuman

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)