FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90414 048 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70053152

DOCUMENT # P00000036652

1. Entity Name
NET MATE, INC.

Principal Place of Business
35246 US 19 NORTH, #248
PALM HARBOR, FL 34684

Mailing Address
35246 US 19 NORTH, #248
PALM HARBOR, FL 34684

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	31940 US 19 N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Palm Harbor, FL
Zip / Country	Zip 34684 Country U.S.

4. FEI Number 59-3646586 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
STUPER, DOUG
35246 US 19 NORTH, #248
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent
Name Daniel F Johnson CPA
Street Address (P.O. Box Number is Not Acceptable) 31940 US 19 N.
City Palm Harbor FL Zip Code 34684

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 4/28/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STUOER, DOUG 35246 US 19 NORTH, #248 PALM HARBOR, FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4/25/03 Date Daytime Phone #