

FILED

03 JUN -2 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000056227																											
1. Entity Name NETHOSTERS INCORPORATED																											
Principal Place of Business 3367 LAKEVIEW OAKS DR LONGWOOD, FL 32779		Mailing Address 3367 LAKEVIEW OAKS DR LONGWOOD, FL 32779																									
2. Principal Place of Business 1208D SW 16th Ave Suite, Apt. #, etc. City & State Gainesville FL Zip 32601 Country USA		3. Mailing Address 4435 Touchton Rd E. Suite, Apt. #, etc. Apt. 803 City & State Jacksonville FL Zip 32246 Country US																									
4. FEI Number 59-3650852		Applied For Not Applicable																									
5. Certificate of Status Desired		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name James Clark Street Address (P.O. Box Number is Not Acceptable) 4435 Touchton Road E Apt. 803 City Jacksonville FL Zip Code 32246																									
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 		06/28-03																									
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																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 90 or Block 111 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: 		James R. Clark 06/28-03 904-646-5990																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone																									

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