

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067280

1. Entity Name
NETWORK PUBLISHING & BUSINESS SOLUTIONS, INC.

Principal Place of Business

1421 COURT STREET #B
CLEARWATER FL 33756

Mailing Address

1421 COURT STREET #B
CLEARWATER FL 33756

2. Principal Place of Business

6700 KALAMBA ST.

3. Mailing Address

P.O. BOX 720116

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL.

4. FEI Number

59-3660163

Applied For

Not Applicable

Zip

32807

Country

U.S.

Zip

32872-0116

Country

U.S.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSEM, THOMAS G
1421 COURT STREET #B
CLEARWATER FL 33756

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HERSEM, THOMAS G
1421 COURT STREET #B
CLEARWATER FL 33756 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
GREGORY GIFFIN
6700 KALAMBA ST.
ORLANDO, FL 32807 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KATHRYN GIFFIN
6700 KALAMBA ST.
ORLANDO, FL 32807 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Gregory Giffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-11-01

407-760-9198

Date

Daytime Phone #

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90161 025 ***558.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)