## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jul 10, 2001 8:00 am Secretary of State DOCUMENT # P00000083389 1. Entity Name 07-10-2001 90008 007 \*\*\*150.00 NETADVISORS REALTY, INC. Principal Place of Business Mailing Address EUU72694 201 S BEVERLY AVE. 201 S BEVERLY AVE. **TAMPA FL 33609** TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE +, City & State City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional Country Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 201 S BEVERLY AVE. **TAMPA FL 33609** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (5/01) Change ☐ Addition TITLE Delete TITLE NAME FIELDS, MICHAEL NAME STREET ADDRESS STREET ADDRESS 201 S BEVERLY AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609 Delete TIT: F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filipg 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

FILED

## Attachment

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