

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90046 011 ***150.00

DOCUMENT # P00000084478

1. Entity Name
NETWORKING INFORMATION TECHNOLOGY SOLUTIONS, INC

Principal Place of Business

SINCLAIR BRIAN RD
 RT 1, BOX 430
 LAKE BUTLER FL 32054

Mailing Address

SINCLAIR BRIAN RD
 RT 1, BOX 430
 LAKE BUTLER FL 32054

2. Principal Place of Business

STATE Road 121

Suite, Apt. #, etc.

RT 1, Box 366

City & State

Lake Butler, FL

Zip

32054

Country

US

3. Mailing Address

STATE Road 121

Suite, Apt. #, etc.

RT 1, Box 366

City & State

Lake Butler, FL

Zip

32054

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3670540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HALL, BILLY R
 SINCLAIR BRIAN RD
 RT 1, BOX 430
 LAKE BUTLER FL 32054

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	HALL, BILLY R	
STREET ADDRESS	RT 1, BOX 430-SINCLAIR BRIAN RD	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIDEL, DAVID W	
STREET ADDRESS	2756 ADELE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

Billy R Hall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

(904) 823-0190

Daytime Phone #

GR2E034 (9/01)