

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088897

1. Entity Name

JAX NETWORK SOLUTIONS INC.

FILED

May 15, 2001 8:00 am
Secretary of State

05-15-2001 90103 006 ***150.00

Principal Place of Business

2121 INWOOD TERRACE
JACKSONVILLE FL 32207

Mailing Address

2121 INWOOD TERRACE
JACKSONVILLE FL 32207

2. Principal Place of Business

901 Ocean Blvd.

3. Mailing Address

901 Ocean Blvd

Suite, Apt. #, etc.

Apt. 4

Suite, Apt. #, etc.

Apt. 4

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

Zip 32233

Country USA

Zip 32233

Country USA

4. FEI Number

59-3684545

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CRONK, EUGENE
2121 INWOOD TERRACE
JACKSONVILLE FL 32207

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CRONK, EUGENE
STREET ADDRESS 2121 INWOOD TERRACE
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE D ☐ Delete
NAME HAMIEL, NATHAN
STREET ADDRESS 2121 INWOOD TERRACE
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 901 Ocean Blvd. Apt. 4
CITY-ST-ZIP Atlantic Beach, FL 32233TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 901 Ocean Blvd. Apt. 4
CITY-ST-ZIP Atlantic Beach, FL 32233TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)