

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000089292**

1. Entity Name  
**NETIME INC.**

Principal Place of Business Mailing Address  
**2611 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL 33409**

2. Principal Place of Business 3. Mailing Address  
**2611 OLD OKEECHOBEE RD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**WEST PALM BEACH FL**  
Zip Country Zip Country  
**33409**

6. Name and Address of Current Registered Agent  
**NEIL ELLIOTT  
2611 OLD OKEECHOBEE RD  
WEST PALM BEACH, FL 33409**

4. FEI Number **65-1043401** Applied For  
Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRES, SECT, TRSA, DIRECTOR	NEIL ELLIOTT				
STREET ADDRESS	2611 OLD OKEECHOBEE RD				
CITY-ST-ZIP	WEST PALM BEACH FL 33409				
TITLE	VP, DIRECTOR	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY ELLIOTT				
STREET ADDRESS	2611 OLD OKEECHOBEE RD				
CITY-ST-ZIP	WEST PALM BEACH FL 33409				
TITLE		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			<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)(f), 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: **NEIL ELLIOTT** 10/16/01 561-242-4875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 OCT 17 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2034 (11/00)

**NETime Inc.**

2611 Old Okeechobee Road  
West Palm Beach FL 33409

---

Phone 561-242-4875  
Fax 561-242-4903

October 16, 2001

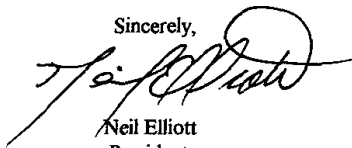
Florida Department of State  
Division of Corporations

Enclosed is a completed 2001 Uniform Business Report. Per the instructions on the phone messages at your office, I down loaded this, filled it out and forwarded it to you.

NETime Inc. never received the original that was to be sent to us. Yesterday, I received the Notice of Dissolution, called your office and followed those instructions.

Please accept this completed down loaded version as our original.

Sincerely,

  
Neil Elliott  
President