

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90171 023 ***150.00

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DOCUMENT # P00000095796

1. Entity Name

THE NETWORK DOCTOR, INC.



Principal Place of Business

3100 NW 72ND AVE
UNIT #104
MIAMI FL 33122

Mailing Address

3100 NW 72ND AVE
UNIT #104
MIAMI FL 33122

2. Principal Place of Business

851 SW 56th Ave

Suite, Apt. #, etc.

3. Mailing Address

851 SW 56th Ave

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MARGATE FL

City & State

MARGATE FL

4. FEI Number

65-1055294

Applied For

Not Applicable

Zip

33068

Country

USA

Zip

33068

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOWERS, CHARLES E
3100 NW 72ND AVE
UNIT #104
MIAMI FL 33122

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME SOWERS, CHARLES
STREET ADDRESS 15165 N.W. 77TH AVENUE SUITE 1006
CITY-ST-ZIP MIAMI LAKES FL 33014 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME Sowers Charles
STREET ADDRESS 851 SW 56th Ave
CITY-ST-ZIP MARGATE FL 33068 ☒ Change ☐ Addition

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

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

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

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

12. 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 660, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

Daytime Phone #

CR2E034 (10/02)

The Network Doctor

851 Sw 56th Ave
Margate, FL 33068

80115955

Attachment Lo# P0000095796

To Whom It May Concern:

August 23, 2001

The purpose of this letter is to ask for a waiver of the late filing fee. Because this is my first corporation I was not expecting the corporate renewal letter in the mail. Additionally, the mailing address for The Network Doctor has changed and this caused a delay in correspondence reaching me. If I may ask for your understanding on this bill I will watch for renewal letters in subsequent years and ensure that they are paid timely.

Thank you for considering this request.

Charles Sowers

P.S. Please make note of the new mailing address so that you may correct your files:

The Network Doctor
851-SW-56th Ave
Margate, FL 33068

It doesn't appear that
you have changed my business
address. Would you?

Thanks