

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 28, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000106760**1. Entity Name
N2 NETWORK SOLUTIONS, INC.**Principal Place of Business**1765 EAST NINE MILE ROAD
SUITE 1-215
PENSACOLA
32514

FL

Mailing Address1765 EAST NINE MILE ROAD
SUITE 1-215
PENSACOLA
32514

FL

2. Principal Place of Business

1765 EAST NINE MILE ROAD

3. Mailing Address

1765 EAST NINE MILE ROAD

Suite, Apt. #, etc.

SUITE 1-220

Suite, Apt. #, etc.

SUITE 1-220

City & State

PENSACOLA

FL

City & State

PENSACOLA

FL

Zip

32514

Country**Zip**

32514

Country**4. FEI Number**

59-3687717

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCORPORATION SERVICE COMPANY
1201 HAYS STREET

TALLAHASSEE

FL

323012525

US

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 _____ 01/28/2001

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete
NAME DESRUISSEAU SCOTT S
STREET ADDRESS 10072 FOX RUN CIRCLE
CITY-ST-ZIP PENSACOLA FL 32514TITLE D ☐ Delete
NAME SILVER KEVIN D
STREET ADDRESS 7431 NORTHPOINTE BOULEVARD
CITY-ST-ZIP PENSACOLA FL 32514TITLE ☐ 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 D ☒ Change ☐ Addition
NAME BURKHEAD ZANE B
STREET ADDRESS 2251 WADE ROAD
CITY-ST-ZIP JAY FL 32565TITLE ☐ 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-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: Kevin D. Silver

D

01/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)