

**FILED**  
**Oct 01, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90002 005 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000106760 ✓

1. Entity Name

N2 Network Solutions, Inc.

43343

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1765 East Nine Mile Rd.

Suite 1-220

City &amp; State

Pensacola, FL

Zip

32514

Country

United States

3. Mailing Address

1765 East Nine Mile Road

Suite 1-220

City &amp; State

Pensacola, FL

Zip

32514

Country

United States

4. FEI Number

59-3187717

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Roger and Stacie Olschewski

Street Address (P.O. Box Number is Not Acceptable)

1765 East Nine Mile Road Suite 1

City

Pensacola

FL

Zip Code

32514

8. The above named entity submits a 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 file if applicable.

(NOTE: Registered Agent Signature required when re-stating)

Roger L. Olschewski

Manager

9-27-02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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: Director  
NAME: Silver, Kevin D.  
STREET ADDRESS: 2431 Northpointe Boulevard  
CITY - ST - ZIP: Pensacola, FL 32514

TITLE: Director  
NAME: Burkhead, Zane B.  
STREET ADDRESS: 2251 Wade Road  
CITY - ST - ZIP: 3241, FL 32515

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE:  
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Zane B. Burkhead  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-02 (850) 471-2853  
Date Daytime Phone

CR260345 (12/01)

Attachment

43343

#P0000010670

To Whom It May Concern:

We are sorry for the delay of filing, but we did not receive the original form. Our address has changed since we have started our business. We have contacted the Division of Corporations and they told us to down load the form off of the Internet and write a letter stating why we have not sent in our filing payment for the year. If there are any questions, please contact me at (850) 471-2853 or (850) 675-4757. Thank you for your cooperation and consideration.

Thank You,



Zane Burkhead  
Officer