

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-24-2002 91326 014 ***150.00
06-13-2002 90383 033 ***550.00

2002 UNIFORM BUSINESS REPORT (U

DOCUMENT # P01000022155

1. Entity Name

HOSTING-NETWORK, INC.

96010

Principal Place of Business 1516 JACKSON STREET FORT MYERS FL 33901		Mailing Address 1516 JACKSON STREET FORT MYERS FL 33901	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 15-1078713		Applied Not App	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		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 _____ DATE 3-5-02
Secretary
(NOTE: Registered Agent signature required when renewing)

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 15, 2002 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 Mz Added to Fi

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAID, FATHI 1516 JACKSON STREET FORT MYERS FL 33901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, KIM 1516 JACKSON STREET FORT MYERS FL 33901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, TRAVIS 1516 JACKSON STREET FORT MYERS FL 33901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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 info 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 d 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 Blo changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kim Johnson* Kimberly Johnson 4-29-02 941-461-6C
Date Daytime Phone #