

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91206 044 ***150.00

DOCUMENT # PO1000037902
1. Entity Name
3C NETWORK CONSULTANTS, INC

DO NOT WRITE IN THIS SPACE

B0124456

2. Principal Place of Business
1572 GRANTHAM DR.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WELLINGTON, FL

City & State

4. FEI Number
65-1097520

Applied For
Not Applicable

Zip
33414

Country
USA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name SERGIO FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
1572 GRANTHAM DRIVE
City WELLINGTON FL Zip Code 33414

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 [Signature]
Signature, typed or printed name of Registered Agent and Date if Applicable.

(NOTE: Registered Agent signature required when reinstating)
DATE 5/31/02

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 \$61.25
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 PRESIDENT
NAME SERGIO FERNANDEZ
STREET ADDRESS 1572 GRANTHAM DR.
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME MARIA T. FERNANDEZ
STREET ADDRESS 1572 GRANTHAM DR.
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME WAYNE DAY BERRY
STREET ADDRESS 6954 LAKE NONA PLACE
CITY-ST-ZIP AKESWORTH, FL 32463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 5/31/02
Date
Daytime Phone # 561-795-0193

CP2E034B (12/01)