

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90409 017 ***150.00

DOCUMENT # **P010000046232**

1. Entity Name

INET Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2607 Alamosa Place

Suite, Apt. #, etc.

3. Mailing Address

PO Box 471325

Suite, Apt. #, etc.

City & State

Lake Mary FL

Zip

32746

Country

USA

City & State

Lake Monroe FL

Zip

32747-1325

Country

USA

4. FEI Number

59-3725369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Registered Agents Legal Services, Inc

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

1333 North Duval St

City

Tallahassee

FL

Zip Code

32302

**DO NOT WRITE
IN THIS SPACE**

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, 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)

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 **P/T/S/D**
NAME **Jonathan M Thomas**
STREET ADDRESS **2607 Alamosa Place**
CITY-ST-ZIP **Lake Mary FL 32746**

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IN THIS SPACE**

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:

Jonathan M Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

407-341-7882

Daytime Phone #

CR2E034B (12/01)