FILED

03 MAY 21 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054472

1. Entity Name
FLOROPTICAL NETWORK SERVICES, INC.

300019327453
05/19/03--01091--024 **150.00

Principal Place of Business	Mailing Address
8424 4TH STREET NORTH SUITE C SAINT PETERSBURG, FL 33702 US	8424 4TH STREET NORTH SUITE C SAINT PETERSBURG, FL 33702 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2887 22nd Ave N	same
Suite, Apt. #, etc. C	Suite, Apt. #, etc.
City & State St. Petersburg, FL 3	City & State
Zip 33713 Country Pinellas	Zip Country

4. FEI Number 59-3719104 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPEAR, JO C ESQ.
WEST BAY CORPORATE CENTER
9410 INTERNATIONAL CT. N
SAINT PETERSBURG, FL 33716

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5-1-2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WOLFE, ROBERT M 1832 72ND AVENUE N.E. ST. PETERSBURG, FL 33702	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5-1-2003 727-209-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To whom it may concern,

We are a bit late with the USR due to confusion of the date we incorporated. In addition, we did not recieve any notices at all, due to the fact that our address is incorrect in your database. Please address Correct from new USR. Apologies for any incorrience. This will not happen in the future.

Best Regards,

Robert M. Wolfe

DEL Request for