

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91385 012 ***158.75

DOCUMENT # **PD 000078158** ✓

1. Entity Name

MICRONETZ, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

521 WHISKEY CREEK CT.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 213

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DCOFF, FL.

City & State

DCOFF, FL.

4. FEI Number

59-3759241

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

34761

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DONALD R. TAPLEY, JR.

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

521 WHISKEY CREEK COURT

City

DCOFF

FL

Zip Code

34761

**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 re-instating)

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**DONALD R. TAPLEY, JR.
521 WHISKEY CREEK CT.
DCOFF, FL 34761**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 407-877-8848

CR2E034B (12/01)