

*Amendment

FILED

03 MAY -1 PH 3:59

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P01000081087

1. Entity Name
GET NET SMART, INC.

Principal Place of Business: 1860 BOYSCOUT DR, SUITE 209 FT MYERS, FL 33907
Mailing Address: 1860 BOYSCOUT DR, SUITE 209 FT MYERS, FL 33907

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: **4640 Siesta Circle**
City & State: **Ft. Myers FL**
Zip: **33901** Country: **US**

4. FEI Number: **01-0657416** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: **PERSONETT, RANDALL J 1860 BOYSCOUT DR, SUITE 209 FT MYERS, FL 33907**

7. Name and Address of New Registered Agent: Name: **Monfort, Victoria**
Street Address (P.O. Box Number is Not Acceptable): **4640 Siesta Circle**
City, State, Zip Code: **Ft. Myers FL 33901**

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]* DATE: _____

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: PS NAME: MONFORT, VICTORIA STREET ADDRESS: 4640 SIESTA CIRCLE CITY-ST-ZIP: FT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE: PST NAME: Monfort Victoria STREET ADDRESS: 4640 Siesta Circle CITY-ST-ZIP: Ft. Myers, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VT NAME: PERSONETT, RANDALL J STREET ADDRESS: 1860 BOYSCOUT DR, SUITE 209 CITY-ST-ZIP: FT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the information.

SIGNATURE: *[Signature]* DATE: **4/28/03** 239-839-8084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **VICTORIA MONFORT, PRESIDENT**



CHECK HERE IF MAKING CHANGES

CFR6034 (10/02)

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gsk