

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90124 030 ***150.00

DOCUMENT # **P01000094334**

1. Entity Name

ALFNET.NET INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

645 Ave T Southeast

Suite, Apt. #, etc.

3. Mailing Address

645 Ave T Southeast

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

59-3748587

Applied For

Not Applicable

Zip

33890-4719

Country

Zip

33890-4719

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC

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

521 EAST PARK AVENUE

City

TALLAHASSEE

FL

Zip Code

32301

**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 NAME STREET ADDRESS CITY - ST - ZIP	P Anne L FOLLETT 645 Avenue T Southeast WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBERT B FOLLETT 645 AVENUE T Southeast WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RANDOLPH E. BLISS 645 Avenue T Southeast WINTER HAVEN FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBERT B FOLLETT 645 AVENUE T SOUTHEAST WINTER HAVEN, FL 33880
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**DO NOT WRITE
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: **Robert B. Follett** **ROBERT B. FOLLETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2002 **(863)291-0120**

Date

Daytime Phone #

CR2E034B (12/01)