

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90078 021 ***150.00

DOCUMENT # P02000031232

1. Entity Name
NETFORCE SOLUTIONS, INC.



Principal Place of Business
**13815 VACATION LANE
ODESSA FL 33556**

Mailing Address
**13815 VACATION LANE
ODESSA FL 33556**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0420180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RIVERS, WILLIAM T
13815 VACATION LANE
ODESSA FL 33556**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PD RIVERS, WILLIAM T 13815 VACATION LANE ODESSA FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RIVERS, TERRY L 13815 VACATION LANE ODESSA FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Change <input type="checkbox"/> Addition
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM T. RIVERS PRESIDENT **7/14/03** **813-920-3146**

CR2E034 (4/03)

Florida Division of Corporations
P O Box 1500
Tallahassee Florida 32302-1500

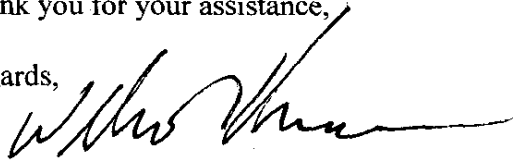
Attachment
P02000031232
90144580

To Whom It May Concern:

Due to a terminal illness and subsequent death in our immediate family, our family owned corporation suspended active business operations from Feb 2003 thru May 2003, to care for our loved one. We did not receive or acknowledge our required UBR filing during this period and are now in receipt of the second UBR filing notice. Per instructions in the UBR filing document, we request a waiver of the late penalty for this, our first year of required UBR filing, due to our absence. I have notified our AA and CPA that this report must be calendared for future action in each first operating quarter. We request waiver of the late penalty fee for 2003. Enclosed is the completed UBR and a company check for \$150.00.

Thank you for your assistance,

Regards,



William T Rivers, President

7/14/03

NETForce Solutions Inc
P O Box 747
13815 Vacation Lane, Suite A
Odessa, FL 33556