

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


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91802 045 ***150.00

05/78831 AV

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1. Entity Name
IP4CF.NET, INC.



Principal Place of Business
**5143 COMMERCIAL WAY
SPRING HILL FL 34606**

Mailing Address
**5143 COMMERCIAL WAY
SPRING HILL FL 34606**

11042006



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
POST OFFICE BOX 3017
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
SPRING HILL, FL

4. FEI Number
03-0454465

Applied For
 Not Applicable

Zip
34611

Country

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

6. Name and Address of Current Registered Agent
**WAKEY, ARHTUR J
5143 COMMERCIAL WAY
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name
WASKEY, ARTHUR J.

Street Address (P.O. Box Number is Not Acceptable)
5143 COMMERCIAL WAY

City
SPRING HILL

State
FL

Zip Code
34606

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: *Arthur Waskey* DATE: **5-1-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASKEY, ARTHUR J 5143 COMMERCIAL WAY SPRING HILL FL 34606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASKEY, JAYNE N 5143 COMMERCIAL WAY SPRING HILL FL 34606	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S WASKEY, ARTHUR J. 5143 COMMERCIAL WAY SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T WASKEY, JAYNE N. 5143 COMMERCIAL WAY SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP WASKEY, STEVEN A. 5143 COMMERCIAL WAY SPRING HILL, FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VP WASKEY, MATTHEW J. 5143 COMMERCIAL WAY SPRING HILL, FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Arthur Waskey* **ARTHUR J. WASKEY** DATE: **5-1-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)