

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90211 046 ***150.00

DOCUMENT # P02000066399

1. Entity Name
INTERNEXXT NETWORKING SOLUTIONS, INC.



Principal Place of Business
**3823 LANCASTER COURT #203
PALM HARBOR FL 34685**

Mailing Address
**3823 LANCASTER COURT #203
PALM HARBOR FL 34685**



2. Principal Place of Business
5210 WEBB RD

3. Mailing Address
5210 WEBB RD

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.
A

City & State
TAMPA FL

City & State
TAMPA

Zip
33615

Country

Zip
FL 33615

Country

4. FEI Number
68-0509167

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

**CAPPIELLO, MICHAEL P JR
3823 LANCASTER COURT #203
PALM HARBOR FL 34685**

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/7/03**

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 **D** ☒ Delete
NAME **BOUY, DEAN**
STREET ADDRESS **3823 LANCASTER COURT #203**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **D** ☐ Delete
NAME **CAPPIELLO, MICHAEL P JR**
STREET ADDRESS **3823 LANCASTER COURT #203**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **D** ☐ Delete
NAME **STUART SMITH**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **CAPPIELLO, MICHAEL P JR**
STREET ADDRESS **5210 WEBB ROAD, STE A**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/7/2003**

813 884-9290
227-771-1980
Daytime Phone #

CR2ED034 (10/02)

... Attachment

90136553

P02000066399

May 15, 2003

To whom it may concern:

I have made a terrible mistake and misread the due date of the enclosed return. I thought the return was due on the 15th of May. Being in a very small business this would result in significant issues should you not process our return. Please accept my apologies and not assess any penalties.

Sincerely,



Stuart Smith
Book Keeper

FOR INTERNET NETWORKING SOLUTIONS
FEIN 68-0509167