

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28722

1. Entity Name

COM-NET SOFTWARE SPECIALISTS, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90121 039 ***150.00

Principal Place of Business
3728 BENNER ROAD
MIAMISBURG OH 45342

Mailing Address
3728 BENNER ROAD
MIAMISBURG OH 45342

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 31-1142683

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME NORVELL, ROBERT L. ☒ Delete
STREET ADDRESS 955 EAST SOCIAL ROW ROAD
CITY-ST-ZIP DAYTON OH

TITLE CEO
NAME Elie Geva ☐ Change ☒ Addition
STREET ADDRESS 3728 Benner Rd.
CITY-ST-ZIP Miamisburg, OH 45342

TITLE AS
NAME WALKER, ROSEMARY ☐ Delete
STREET ADDRESS 3728 BENNER ROAD
CITY-ST-ZIP MIAMISBURG OH 45342

TITLE COO
NAME David Michaels ☐ Change ☒ Addition
STREET ADDRESS 3728 Benner Rd.
CITY-ST-ZIP Miamisburg, OH 45342

TITLE PCEO
NAME MEIR, MARION ☒ Delete
STREET ADDRESS 3728 BENNER ROAD
CITY-ST-ZIP MIAMISBURG OH 45342

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Block 12 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 #

CR2E034 (10/00)