

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012650

1. Entity Name

CAD/NET COMPUTING, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90064 044 ***150.00

Principal Place of Business

Mailing Address

5302 REFLECTIONS PLACE
#206
TAMPA FL 33634
US

PO BOX 358
TAMPA FL 33601-0358
US

2. Principal Place of Business

3. Mailing Address

5813 Legacy Crescent Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Riverview, FL

Zip 33569

Country US

Zip

Country

4. FEI Number 59-3155628

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPARLING, WALTER E
5302 REFLECTIONS PLACE CT
SUITE 206
TAMPA FL 33614

Name Sparling, Walter E
Street Address (P.O. Box Number is Not Acceptable)
5813 Legacy Crescent Pl.
#203
City Riverview FL Zip Code 33569

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 *Walter E Sparling*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/20/2000

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D SPARLING, WALTER E 5302 REFLECTIONS PLACE CT, #206 TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sparling, Walter E 5813 Legacy Crescent Pl. #203 Riverview, FL 33569	<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	8 Sparling, Walter E 5813 Legacy Crescent Pl. #203 Riverview, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: *Walter E Sparling* 04/20/00 813-293-4858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)