

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90157 005 ***150.00

DOCUMENT # P93000052499

1. Entity Name

NETWORK SUPPORT SERVICES, INC.

Principal Place of Business

235 N. FEDERAL HIGHWAY
SUITE D
DELRAY BEACH FL 33483
US

Mailing Address

777 E ATLANTIC AVE
STE Z-381
DELRAY BEACH FL 33483
US

2. Principal Place of Business

3150 NW 10TH STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

Zip

33445

Country

USA

Country

4. FEI Number

65-0425831

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

Name

TOM DENT

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

3150 NW 10TH STREET

DELRAY BEACH

City

DELRAY BEACH

FL

Zip Code

33445

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 PSTO
NAME ZACHOVAY, VICTOR G
STREET ADDRESS 3150 N.W. 10TH STREET
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE PSTO
NAME TOM DENT
STREET ADDRESS 3150 NW 10TH STREET
CITY-ST-ZIP DELRAY BEACH FL 33445 ☒ Change ☐ Addition

TITLE D
NAME ZACHOVAY, VICTOR G
STREET ADDRESS 2130 NW 12TH STREET
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE D
NAME TOM DENT
STREET ADDRESS 3150 NW 10TH STREET
CITY-ST-ZIP DELRAY BEACH FL 33445 ☒ 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

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)