

2002 UNIFORM BUSINESS REPORT (UBR)

PENDING

01-13-2003 90443 006 ***550.00
P93000059704

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DOCUMENT # P93000059704

1. Entity Name

WOSKOB NETWORK INTERNATIONAL, INC.

03 MAR -7 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**647 OSPREY POINT CIR
BOCA RATON FL 33431
US**

Mailing Address

**647 OSPREY POINT CIR
BOCA RATON FL 33431
US**

2. Principal Place of Business

3. Mailing Address

337 S.E. NINTH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

Country

33431

USA

4. FEI Number **65-0440349**

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

WOSKOB, ALEX

**647 OSPREY POINT CIRCLE
BOCA RATON FL 33431**

Name
WOSKOB, ALEX

Street Address (P.O. Box Number is Not Acceptable)
337 S.E. NINTH LANE

City
BOCA RATON

FL

Zip Code
33431

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, 2002 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
P
WOSKOB, ALEX
647 OSPREY POINT CIR
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WOSKOB, ALEX
337 S.E. NINTH LANE
BOCA RATON, FL 33431 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600013627426
03/06/03--01043--022 **350.00

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
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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

6/20/02

Date

Daytime Phone #

CR2E034 (9/01)