

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000065404**

1. Entity Name

**NETWORKS OF ST. AUGUSTINE, INC.****FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90092 025 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2740 US + 30~~  
ST AUGUSTINE FL 32086  
USP O BOX 860358  
ST. AUGUSTINE FL 32086-0190  
US

A0014926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~2820~~ U.S. 1 So., 2d Fl.

3. Mailing Address

Post Office Box 860358

Suite, Apt. #, etc.

2d floor

Suite, Apt. #, etc.

City &amp; State

St. Augustine FL

City &amp; State

St. Augustine FL

Zip

32086

Country

USA

Zip

32086-0358

Country

USA

4. FEI Number

59-3199498

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

OTTO, MARY M  
101 COQUINA AVENUE  
ST. AUGUSTINE FL 32084

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

*Mary M. Otto*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/00

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

TITLE PT ☐ Delete  
NAME SCHROEDER, MANFRED F  
STREET ADDRESS 25 AVISTA CIRCLE  
CITY-ST-ZIP ST. AUGUSTINE FL 32084TITLE VS ☐ Delete  
NAME OTTO, MARY M  
STREET ADDRESS 101 COQUINA AVENUE  
CITY-ST-ZIP ST. AUGUSTINE FL 32084TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*Mary M. Otto, Vice President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00 904/747-7192