

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90728 033 ***150.00

DOCUMENT # P93000088014

1. Entity Name
NETWORK SPECIALTIES, INC.



Principal Place of Business
**7402 N 56TH ST
445
TAMPA FL 33617
US**

Mailing Address
**7402 N 56TH ST
445
TAMPA FL 33617
US**

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 **59-3216117**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FULLER, JEFFREY M
100 N. TAMPA ST.
SUITE 2650
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Fuller, Jeffery M.**
Street Address (P.O. Box Number is Not Acceptable)
400 North Ashley Drive, Suite 1500
City **Tampa** **FL** Zip Code **33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

March 4, 2003

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete
NAME **SANFORD, STANLEY H**
STREET ADDRESS **33720 SICKLER DR**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **P** ☐ Delete
NAME **SUAREZ, DAVID S**
STREET ADDRESS **18109 KENNESAW CT**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C, D** ☐ Change ☒ Addition
NAME **Edward Botwinick**
STREET ADDRESS **Post Office Box 749**
CITY-ST-ZIP **Stuart, Florida 34995**

TITLE **P, D** ☒ Change ☐ Addition
NAME **David Suarez**
STREET ADDRESS **7402 North 56th Street, Suite 445**
CITY-ST-ZIP **Tampa, Florida 33617**

TITLE **VP, V.C., T, S, and D** ☐ Change ☒ Addition
NAME **Victoria A. Brown**
STREET ADDRESS **Post Office Box 749**
CITY-ST-ZIP **Stuart, Florida 34995**

TITLE **VP, Asst. S** ☐ Change ☒ Addition
NAME **Rebecca Nimmo**
STREET ADDRESS **7402 North 56th Street, Suite 445**
CITY-ST-ZIP **Tampa, Florida 33617**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03 813-989-0445

Date Daytime Phone #

CR2E034 (10/02)