

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004421

1. Entity Name

NETWORK AUDITING SERVICES, INC.

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90014 004 ***150.00

Principal Place of Business

210 UNIVERSITY DR.
SUITE 502
CORAL SPRINGS FL 33077

Mailing Address

BOX 77-0430
CORAL SPRINGS FL 33307
US

2. Principal Place of Business

3000 N UNIVERSITY DR

3. Mailing Address

Suite, Apt. #, etc.

SUITE E

City & State

CORAL SPRINGS, FL

City & State

Zip

33065

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

LOWELL, ROBERT
210 UNIVERSITY DR #502
SUITE 502
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

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

3000 N UNIVERSITY DR

SUITE E

City

CORAL SPRINGS

FL

Zip Code

33065

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: *Robert Lowell* ROBERT LOWELL, PRES.

1/15/01

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

TITLE P
NAME LOWELL, ROBERT
STREET ADDRESS 210 UNIVERSITY DR #502
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3000 N UNIVERSITY DR SUITE E
CITY-ST-ZIP CORAL SPRINGS, FL 33065

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *Robert Lowell* ROBERT LOWELL, PRES

1/15/01

954-340-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)