

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066072

1. Entity Name

OPENNETWORK TECHNOLOGIES, INC.

FILED

Mar 20, 2001 8:00 am  
Secretary of State

03-20-2001 90064 004 \*\*\*150.00

Principal Place of Business

13577 FEATHER SOUND DR  
STE 330  
CLEARWATER FL 33762  
US

Mailing Address

13577 FEATHER SOUND DR  
STE 330  
CLEARWATER FL 33762  
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 59-3281893

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

LONG, KURT  
13577 FEATHER SOUND DRIVE  
SUITE 330  
CLEARWATER FL 33762

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

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	VSTP	<input checked="" type="checkbox"/> Delete
NAME	PARKS, JEFFREY D	
STREET ADDRESS	13577 FEATHERSOUND DR., SUITE 330	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WORNER, ROBERT J	
STREET ADDRESS	13577 FEATHERSOUND DR., SUITE 330	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LONG, KURT	
STREET ADDRESS	13577 FEATHERSOUND DR., SUITE 330	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACSWAIN, DAVID A	
STREET ADDRESS	51 MONROE STREE, PLAZA ONE	
CITY-ST-ZIP	ROCKVILLE MD 20850	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELLERS, M. EDWARD	
STREET ADDRESS	I-20 AT ALPINE ROAD	
CITY-ST-ZIP	COLUMBIA SC 29219	
TITLE		<input type="checkbox"/> Delete
NAME	Robert Daly	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Daly	
STREET ADDRESS	16 Laurel Ave., Ste. 150	
CITY-ST-ZIP	Wellesley Hills, MA 02481	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	N. Adam R. in	
STREET ADDRESS	160 Linden Tree Road, Ste. 100	
CITY-ST-ZIP	Wilton, CT 06897	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brandon Ingersoll	
STREET ADDRESS	16 Laurel Ave., Ste. 150	
CITY-ST-ZIP	Wellesley Hills, MA 02481	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT J. WORNER	
STREET ADDRESS	13577 Feather Sound Dr. Suite 330	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY D. PARKS	
STREET ADDRESS	13577 Feather Sound Dr Suite 330	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jeffrey D. Parks* Controller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01  
Date

727-561-9500  
Daytime Phone # 7202

CR2E034 (10/00)