

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90265 033 ***158.75

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DOCUMENT # P94000075478

1. Entity Name
PRAXIS NETWORK, INC.

Principal Place of Business
212 N. MARION ST., RM #206
LAKE CITY FL 32055
US

Mailing Address
~~212 N. MARION ST., RM #206~~
~~LAKE CITY FL 32055~~
US



2. Principal Place of Business

3. Mailing Address

28102 NW 174 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

High Springs, FL

Zip

Country

32643

USA

4. FEI Number 59-3281012

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

WALLACE, SHERI A
28102 N.W. 174TH AVENUE
HIGH SPRINGS FL 32643

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 *Sheri A. Wallace*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/28/2002

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HUENINK, JON C	
STREET ADDRESS	28102 N.W. 174TH AVE	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALLACE, SHERI A	
STREET ADDRESS	28102 N.W. 174TH AVE	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

Sheri A. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2002 386.454.9823
Date Daytime Phone #

CR2E034 (9/01)