

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90221 002 ***150.00

DOCUMENT # P95000010301

1. Entity Name
21ST CENTURY NET TECH, INC.

Principal Place of Business
714 E LARUA STREET
PENSACOLA FL 32501

Mailing Address
714 E LARUA STREET
PENSACOLA FL 32501

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country** **Zip** **Country**

4. FEI Number
59-3305900

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

EGELSTON, LYNETTE
714 E LARUA STREET
PENSACOLA FL 32501

Name
EGELSTON, D. MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
714 EAST LARUA STREET

City **PENSACOLA** **FL** **Zip Code** **32501**

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, 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 D	<input checked="" type="checkbox"/> Delete
NAME EGELSTON, LYNETTE J	
STREET ADDRESS 714 E LARUA STREET	
CITY-ST-ZIP PENSACOLA FL 32501	
TITLE P	<input type="checkbox"/> Delete
NAME EGELSTON, D. MICHAEL	
STREET ADDRESS 714 E LARUA ST	
CITY-ST-ZIP PENSACOLA FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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 an other fee empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. MICHAEL EGELSTON

DATE

4/15/02

Daytime Phone #

850 433-6906

CR2E034 (9/01)