2000 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2000 8:00 am DOCUMENT # P95000022012 **Secretary of State** 03-29-2000 90037 007 ***150.00 **NETWORK RESOURCES, INC.** Mailing Address Principal Place of Business 22321 KETTLE CREEK WAY 22321 KETTLE CREEK WAY こりひまりみずみ BOCA RATON FL 33428-4740 **BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0566683 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLUM, JEFFREY J Street Address (P.O. Box Number is Not Acceptable) 22321 KETTLE CREEK WAY **BOCA RATON FL 33428** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE NAME BLUM, JEFFREY J NAME STREET ADDRESS STREET ADDRESS 22321 KETTLE CREEK WAY CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition TITLE □ Delete TITLE BLUM, DONNA J NAME NAME STREET ADDRESS 22321 KETTLE CREEK WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change Addition ☐.Delete. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition নির্ভারি Delete 🛴 💖 TITLE , 3 7 % 1. Oak 3. 3 Was Proposited St. NAME : NAME 13 15 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/200

561-883-3401

Daytime Phone #

FILED