

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041113

1. Entity Name

NETWORK COMPUTER SOLUTIONS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90051 028 ***150.00

Principal Place of Business

Mailing Address

36 W PINE ST
 224
 ORLANDO FL 32801
 US

9728 ALDERGATE PL
 CASSELBERRY FL 32707-6200

2. Principal Place of Business

3. Mailing Address

4550 W. COLONIAL DR 4550 W. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Orlando FL

4. FEI Number

59-3317288

Applied For

Not Applicable

Zip

32808

Country

US

Zip

32808

Country

US

5. Certificate of Status Desired

Not Desired

Additional Fee Required

\$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

RANDY HILLMAN

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

203 E. Hillcrest St

City

Orlando

FL

Zip Code

32802

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	PRITZKER, RICHARD	
STREET ADDRESS	3728 ALDERGATE PL	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

407-426-9001

Daytime Phone #

CR2E034 (9/99)