

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057819

1. Entity Name

NETWORK CONNECTIVITY CONSULTANTS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90084 048 ***150.00

Principal Place of Business

2004 MARVIS ST
ORLANDO FL 32803
US

Mailing Address

PO BOX 531063
ORLANDO FL 32853-1063
US

2. Principal Place of Business

2004 E. Marks St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-2202900

Applied For

Not Applicable

Zip

32803

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WISEMAN, ROBERT A

2004 MARKS ST
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Wiseman, Robert A

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

2004 E. Marks St

City

Orlando

FL

Zip Code

32803

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

Robert A Wiseman

4/29/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WISEMAN, ROBERT A	
STREET ADDRESS	2004 MARKS ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, DARRELL L	
STREET ADDRESS	3903 VIRGINIA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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

Robert A Wiseman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

407-229-4890

Daytime Phone #

CR2E034 (9/99)