

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058093

1. Entity Name

NETWORKS PLUS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91308 031 ***150.00

Principal Place of Business

315 WICKHAM COURT
LONGWOOD FL 32779

Mailing Address

315 WICKHAM COURT
LONGWOOD FL 32779

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3329711

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

FOX, KATHLEEN M
315 WICKHAM COURT
LONGWOOD FL 32779

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
DAVIS, GLENN A
315 WICKHAM COURT
LONGWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FOX, KATHLEEN M
315 WICKHAM COURT
LONGWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/01

Date

407-862-3898

Daytime Phone #

CR2E034 (10/00)

May 14, 2001

Attachment
658019
#P95 000058093

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Networks Plus, Inc: 59-3329711

Enclosed please find payment of \$150 for the annual filing fee for the above business. I have never been late in filing before and I hope you will please excuse me this year. My husband's father died unexpectedly in mid April and we had to leave the state. We extended our stay to help his mother deal with the loss of her husband. We returned home and I had to leave for 2 weeks of training in Chicago for a new job. I returned home this past Saturday and went through all my papers and discovered that I missed the deadline for filing then.

Please excuse me this year. You'll see that I have never missed any sort of business filing deadline before and I cannot afford the extra fees. I will welcome hearing from you if I may provide you with any additional information.

Thank you again for your understanding in this matter.

Sincerely,



Kathy Fox

enclosure