

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058381

1. Entity Name
NETAGE, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90032 027 ***150.00

Principal Place of Business
**9951 ATLANTIC BLVD
SUITE 310
JACKSONVILLE FL 32225
US**

Mailing Address
**9951 ATLANTIC BLVD.
SUITE 310
JACKSONVILLE FL 32225
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
NETAGE INC

3. Mailing Address
9951 ATLANTIC BLVD

Suite, Apt. #, etc.
SUITE # 310

Suite, Apt. #, etc.
SUITE # 310

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32225

Country
DUAL COUN

Zip
32225

Country
DUAL COUNTRY

4. FEI Number **59-3329894**

59-3329894

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HALADY, GURUNATH M
9951 ATLANTIC BLVD.
SUITE 310
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

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 _____ (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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALADY, GURUNATH M		NAME		
STREET ADDRESS	9951 ATLANTIC BLVD., STE. 310		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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, or in other like empowered.

SIGNATURE: **GURUNATH HALADY** 4-6-01 904-724-7000

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)