

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024487

1. Entity Name

ANET CONSULTING GROUP, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90078 008 ***150.00

Principal Place of Business

Mailing Address

400 SHELTON ST
NEW SMYRNA BEACH FL 32168

P O BOX 1191
NEW SMYRNA BEACH FL 32170-1191

2. Principal Place of Business

322 CANAL RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1868

Suite, Apt. #, etc.

City & State

EDGEWATER, FL

City & State

DAYTONA BEACH, FL

Zip

32132

Country

USA

Zip

32115-1868

Country

USA

4. FEI Number

59-3364646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIMBA, J. GREG
400 SHELTON ST
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name J. GREG GIMBA

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

322 CANAL RD

EDGEWATER

FL

Zip Code

32132

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

3/20/2000

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 PTS
NAME GIMBA, J. GREG
STREET ADDRESS 400 SHELTON ST
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168-6600 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS
NAME J. GREG GIMBA ☒ Change ☐ Addition
STREET ADDRESS 322 CANAL RD
CITY-ST-ZIP EDgewater, FL 32132

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

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

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

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

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

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

Date

Daytime Phone #

3/20/2000 904 4265194

CR2E034 (9/99)