

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90078 008 ***150.00

DOCUMENT # P96000024487

1. Entity Name
ANET CONSULTING GROUP, INC.

Principal Place of Business
**400 SHELDON ST
 NEW SMYRNA BEACH FL 32168**

Mailing Address
**P O BOX 1191
 NEW SMYRNA BEACH FL 32170-1191**

C0044043



DO NOT WRITE IN THIS SPACE

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
 Zip
32132
 Country
USA

City & State
DAYTONA BEACH, FL
 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 SHELDON 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: DATE: **3/20/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME GIMBA, J. GREG	
STREET ADDRESS 400 SHELDON ST	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168-6600	
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 PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME J. GREG GIMBA	
STREET ADDRESS 322 CANAL RD	
CITY-ST-ZIP EDGEWATER, FL 32132	
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	

3. 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: DATE: **3/20/2000** Daytime Phone #: **904 426 5194**
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)