

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90082 025 ***150.00

DOCUMENT # P96000036339

1. Entity Name
THE NETSURFERS CORPORATION

Principal Place of Business
1689 FORUM PLACE
WEST PALM BEACH FL 33401
US

Mailing Address
1689 FORUM PLACE
WEST PALM BEACH FL 33401
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
515 N. FLAGLER DRIVE
Suite, Apt. #, etc.
P-400

3. Mailing Address
515 N. FLAGLER DRIVE
Suite, Apt. #, etc.
P-400

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number 65-0662462
Applied For
Not Applicable

Zip Country
33401 PALM BEACH

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33401 PALM BEACH

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

6. Name and Address of Current Registered Agent
BARRON, RH
1689 FORUM PLACE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name R. H. BARRON
Street Address (P.O. Box Number is Not Acceptable)
515 N. FLAGLER DR.
P-400
City WEST PALM BEACH FL Zip Code 33401

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 2/2/02
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PSD BARRON, ROBERT H 1689 FORUM PLACE WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT H. BARRON 515 N. FLAGLER DR., P-400 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELEN M. BARRON 515 N. FLAGLER DR., P-400 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/2/02 561-832-1300
Date Daytime Phone #

CP2E034 (9/01)