

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000069546**

1. Entity Name

**ELECTRO NET INTERMEDIA CONSULTING INC.****FILED****Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90096 016 \*\*\*150.00

Principal Place of Business

**131 N MONROE ST  
TALLAHASSEE FL 32301**

Mailing Address

**131 N MONROE ST  
TALLAHASSEE FL 32301-1509**

2. Principal Place of Business

**3411 CAPITAL Medical Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**3411 CAPITAL Medical Blvd**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Tallahassee FL**

City &amp; State

**Tallahassee FL**

4. FEI Number

**59-3404211**

Applied For

Not Applicable

Zip

**32303**

Country

**Leon**

Zip

**32303**

Country

**Leon**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

**BYINGTON, ALLEN  
515 MOSSVIEW WAY  
TALLAHASSEE FL 32312**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>BYINGTON, ALLEN</b>	
STREET ADDRESS	<b>515 MOSSVIEW WAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HUNT, JIM</b>	
STREET ADDRESS	<b>3166 SHAMROCK EAST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 #

**3-24-00****850-222-0229**