

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090390

1. Entity Name  
**INDUSTRIAL NETWORK COMMUNICATIONS, INCORPORATED**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90081 043 \*\*\*158.75

Principal Place of Business      Mailing Address  
1135 DAIMLER DR      1135 DAIMLER DR  
APOPKA FL 32712      APOPKA FL 32712-6027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3407621</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MILLER, MICHAEL J**  
1135 DAIMLER DR  
APOPKA FL 32712

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> <input type="checkbox"/> Delete	NAME <b>MILLER, MICHAEL J</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1135 DAIMLER DR.</b>	CITY-ST-ZIP <b>APOPKA FL</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>VP</b> <input type="checkbox"/> Delete	NAME <b>MILLER, SHIRLEY A</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1135 DAIMLER DR.</b>	CITY-ST-ZIP <b>APOPKA FL</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	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: Michael J Miller      1-9-00      Date      Daytime Phone #

CR2E034 (9/99)