

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91844 043 ***150.00

DOCUMENT # **P96000090390**
1. Entity Name
INDUSTRIAL NETWORK COMMUNICATIONS INCORPORATED



DO NOT WRITE IN THIS SPACE

90129732

2. Principal Place of Business
464 LAKE BRIDGE LA
Suite, Apt. #, etc.
1311
City & State
APOPKA FL

3. Mailing Address
464 LAKE BRIDGE LA
Suite, Apt. #, etc.
1311
City & State
APOPKA FL

Zip **32703** - Country **USA** Zip **32703** Country **USA**

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3478181 Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
Name **Michael J Miller**
Street Address (P.O. Box Number is Not Acceptable)
464 LAKE BRIDGE LA # 1311
City **APOPKA** FL Zip Code **32703**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
President Michael J Miller 464 LAKE BRIDGE LA # 1311 APOPKA FL, 32703	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael J Miller** **4-29-03** **407 814-9039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)