

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90181 010 ***150.00

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FP

DOCUMENT # **P96000104421**



1. Entity Name
NIFTYNET ENTERPRISES, INC.

Principal Place of Business
**478 W. ALTAMONTE DR. #108-298
ALTAMONTE SPRINGS FL 32701-4615**

Mailing Address
**478 W. ALTAMONTE DR. #108-298
ALTAMONTE SPRINGS FL 32701-4615**



2. Principal Place of Business
131 ANCHOR DRIVE
Suite, Apt. #, etc.

3. Mailing Address
131 ANCHOR DRIVE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PONCE INLET, FLORIDA

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PONCE INLET, FLORIDA

4. FEI Number **59-3424969**

Applied For
 Not Applicable

Zip **32127** Country **USA**

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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

**WILLIAMS, WARREN E
28 W. CENTRAL BLVD.
ORLANDO FL 32802**

Name **ROBERT GOVERN**
Street Address (P.O. Box Number is Not Acceptable)
131 ANCHOR DRIVE

City **PONCE INLET** **FL** Zip Code **32127**

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 *Bob Govern*

4/10/2003

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	GOVERN, ROBERT
STREET ADDRESS	131 ANCHOR DRIVE
CITY-ST-ZIP	PONCE INLET FL 32127
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bob Govern*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2003

Date Daytime Phone #

CR2E034 (10/02)