

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90117 041 ***150.00

DOCUMENT # P97000050482

1. Entity Name
RACHEL'S NET INC.

Principal Place of Business

**1234 W. FAIRBANKS AVE.
 WINTER PARK FL 32789**

Mailing Address

**P.O. BOX 150303
 ALTAMONTE SPRINGS FL 32715-0303
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3451333**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name **DON BROWN, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
200 NORTH THORNTON AVE.

City **ORLANDO**

FL

Zip Code **32801**

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 Don C. Brown, Esq.
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2-8-00

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 **D**
 NAME **METZ, M. RODNEY**
 STREET ADDRESS **3198 EDGEWATER DR**
 CITY-ST-ZIP **GAINESVILLE GA 30501**
☐ Delete

TITLE **D**
 NAME **JAMES VEIGLE**
 STREET ADDRESS **401 E. SEMORAN BLVD.**
 CITY-ST-ZIP **CASSELBERRY, FL 32707**
☐ Change ☒ Addition

TITLE **S**
 NAME **BURLSIGH, JOHN C**
 STREET ADDRESS **171 HILL ST.**
 CITY-ST-ZIP **CASSELBERRY FL 32707**
☒ Delete

TITLE **S**
 NAME **NANCY VOEGTLIN**
 STREET ADDRESS **401 E. SEMORAN BLVD.**
 CITY-ST-ZIP **CASSELBERRY, FL 32707**
☐ Change ☒ Addition

TITLE
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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 all other like empowered.

SIGNATURE:

Nancy Voegtlin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

Date

Daytime Phone #

407-767-2977

CR2E034 (9/99)