

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084549

1. Entity Name
~~FLORIDA RETAIL SITES, INC~~ Net Innovations, Inc

Principal Place of Business Mailing Address
2750 GUNN HWY PO BOX 273508
TAMPA FL 33624 TAMPA FL 33688
US

2. Principal Place of Business 3. Mailing Address
4109 MORIEL PI Suite, Apt. #, etc.

City & State FI City & State
Tampa Zip 33614 Country USA

6. Name and Address of Current Registered Agent
BOGNER, CREIGH
3750 GUNN HWY 1-C
TAMPA FL 33624

4. FEI Number 59-3477437 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
Name BOGART, CREIGH
Street Address 3803 SAN NICHOLAS ST
City TAMPA FL Zip Code 33629

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]* DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00
Atter MAY 1, 2001 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	P	<input type="checkbox"/> Delete	TITLE	BOGART, CREIGH A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGART, CREIGH A.		NAME	BOGART, CREIGH A.	
STREET ADDRESS	3750 GUNN HWY 1-C		STREET ADDRESS	3309 Appel Road	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGART, KEITH		NAME		
STREET ADDRESS	3800 APPOT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BETHEL PARK PA 15102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* 7/27/01 813-624-9600

FILED

01 NOV 28 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

0355771

CR2E034 (10/00)