

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90102 011 ***150.00

DOCUMENT # *001000003490*

1. Entity Name

netYAK.com, Inc.

Principal Place of Business

Mailing Address

2455 Hunterfield Road,
 Maitland, FL 32751

2. Principal Place of Business

3. Mailing Address

227 N. Magnolia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32801

USA

4. FEI Number

59-3476564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael McAlpin
 2455 Hunterfield Road,
 Maitland, FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

1850 Huron Trail

City

Maitland

FL

Zip Code

32751

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

Michael McAlpin, Michael McAlpin, May 15, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P/D/C ☒ Delete
 NAME Michael McAlpin
 STREET ADDRESS 2455 Hunterfield Road
 CITY-ST-ZIP Maitland FL 32751

TITLE P/D/C ☒ Change ☐ Addition
 NAME Michael McAlpin
 STREET ADDRESS 1850 Huron Trail
 CITY-ST-ZIP Maitland, FL 32751

TITLE V/T/S ☐ Delete
 NAME William Mooney
 STREET ADDRESS 10308 Newington Drive
 CITY-ST-ZIP Orlando, FL 32836

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME Larry Groves
 STREET ADDRESS 371 East Reading Way
 CITY-ST-ZIP Winter Park 32789

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME George Mackay
 STREET ADDRESS 501 Pawnee Trail, Maitland
 CITY-ST-ZIP Maitland, FL 32751

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME William Sands
 STREET ADDRESS P.O. Box 1527
 CITY-ST-ZIP Winter Haven, FL 33882

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL
 McALPIN

5/15/00

(407) 447 3365

Date

Daytime Phone #

CR2E034 (9/99)