

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094056

1. Entity Name
NOTE NETWORK, INC.

Principal Place of Business
5024 W. NASSAU ST.
TAMPA FL 33607

Mailing Address
5024 W. NASSAU ST.
TAMPA FL 33607

2. Principal Place of Business
14175 ICOT Blvd.
Suite Apt. #, etc.
100

3. Mailing Address
14175 ICOT Blvd
Suite Apt. #, etc.
100

City & State
Clearwater FL
Zip
33760 Country
USA

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Clearwater, FL
Zip
33760 Country
USA

4. FEI Number 59-3479417 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIBBS, B. GRAY
100 2ND AVE S., SUITE 704
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name Robert Ingram
Street Address (P.O. Box Number is Not Acceptable)
14175 ICOT Blvd.
Suite 100
City Clearwater FL Zip Code 33760

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]*
Signature, typed or printed name of registered agent and date if applicable.

ROBERT INGRAM
(NOTE: Registered Agent signature required when reinstating)

01/10/01
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, 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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TYLER, DEAN	
STREET ADDRESS	310 COFFEE POT RIVIERA NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REDMOND, JOHN	
STREET ADDRESS	7081 GRAND NATIONAL DR. STE. 106	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, GARY	
STREET ADDRESS	7810 10TH AVE. S	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, DAN	
STREET ADDRESS	334 E. LAKE RD. #144	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN Redmond	
STREET ADDRESS	7081 Grandnational DR. Ste 106	
CITY-ST-ZIP	Delanno, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN Johnson	
STREET ADDRESS	334 E. Lake Rd. #144	
CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

[Signature] DAN JOHNSON PRESIDENT 1-9-01 7275243900

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90100 033 ***150.00



DO NOT WRITE IN THIS SPACE

0043189

CR2E034 (10/00)