

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90272 014 ***150.00

DOCUMENT # P98000024718

1. Entity Name
NET 60+, INC.

Principal Place of Business Mailing Address
511 ROSARY RD NE, STE 4-B **511 ROSARY RD NE, STE 4-B**
LARGO FL 33770 **LARGO FL 33770-5002**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
609A RICHARDS AVE **609A RICHARDS AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CLEARWATER, FL **CLEARWATER, FL**

Zip Country Zip Country
33755 **USA** **33755** **USA**

4. FEI Number Applied For
59-3504223 Not Applicable

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

6. Name and Address of Current Registered Agent
33755
CHANDLER, DONALD W
511 ROSERY RD NE
STE #2
LARGO FL 33770

7. Name and Address of New Registered Agent
 Name **DONALD W. CHANDLER**
 Street Address (P.O. Box Number is Not Acceptable)
1710 NORTH HERCULES AVE, #102
 City **CLEARWATER** FL Zip **33765**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RIVERA, SHERRI C 511 ROSARY RD NE, STE 4-B LARGO FL 33770 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, SHERRI C 511 ROSARY RD NE, STE 4-B LARGO FL 33770 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sherrri C. Rivera Date: 4-28-2000 Daytime Phone #: 727 585-3390

CR2E034 (9/99)