

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90724 025 ***150.00

UNIFORM
 AN

DOCUMENT # P98000024718

1. Entity Name
NET 60+, INC.

Principal Place of Business
**609 A RICHARDS AVE
 CLEARWATER FL 33755**

Mailing Address
**P.O. BOX 1134
 LARGO FL 33779-1134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

609A RICHARDS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER

4. FEI Number

59-3504223

Applied For

Not Applicable

Zip

Country

Zip

Country

33755 USA

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

**CHANDLER, DONALD W
 1710 NORTH HERCULES AVE
 STE #102
 CLEARWATER FL 33765**

Name

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

City

FL

Zip Code

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, 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST RIVERA, SHERRI C 609A RICHARDS AVENUE CLEARWATER FL 33755	<input type="checkbox"/> Delete
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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: *Sherri C. Rivera* **Sherri C. Rivera** **5-1-02 (727) 585-3390**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)