

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90038 045 ***150.00

DOCUMENT # **P98000025034** ✓
1. Entity Name **NETWORK Video of Englewood INC**

DO NOT WRITE IN THIS SPACE

427406

2. Principal Place of Business
228 S. INDIANA AVE
Suite, Apt. #, etc.
City & State
Englewood, FL
Zip
37223 Country
USA

3. Mailing Address
Suite, Apt. #, etc.
SAME
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0823089 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
LARRY OATHOUT
Street Address (P.O. Box Number is Not Acceptable)
2362 Risken Ter
City
PORT CHARLOTTE FL Zip Code
33981

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P D LARRY OATHOUT 2362 Risken Ter. PT. CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P Glenda OATHOUT 2362 Risken Ter PT. CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Glenda OATHOUT 2362 Risken Ter PT CHARLOTTE, FL 33981
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13. I hereby certify that the information submitted 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 on an attachment with an address, with an other like empowered.

SIGNATURE: **LARRY OATHOUT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-02 941 475-4794

CR2E034B (12/01)