2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State
04-04-2003 90138 007 ***150.00

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DOCUMENT # P98000025634

1. Entity Name
NETWORK VIDEO OF ENGLEWOOD, INC.

Principal Place of Business	Mailing Address
228 S. INDIANA AVE ENGLEWOOD, FL 34223	PO BOX 3246 PORT CHARLOTTE, FL 33949

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
228 S. Indiana Ave		2362 Risken Ter	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Englewood, Fl		City & State: Port Charlotte, FL	
Zip: 34223	Country: USA	Zip: 33981	Country: USA

4. FEI Number: 65-0823089 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OATHOUT, LARRY
2362 RISKEN TER
PT CHARLOTTE, FL 33981

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

... FEE IS $150.00 ... After May 1, 2003, Fee will be $550.00 ... Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OATHOUT, LARRY E 2362 RISKEN TERRACE PORT CHARLOTTE, FL 33981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST OATHOUT, GLENDA 2362 RISKEN TERRACE PORT CHARLOTTE, FL 33981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 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 #