

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032579

1. Entity Name  
NET OPTIONS, INC.

Principal Place of Business  
1299 SE 7TH AVE  
#107  
DANIA FL 33004  
US

Mailing Address  
3389 SHERIDAN ST  
#291  
HOLLYWOOD FL 33021

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 65-0830032 Applied For  
Not Applicable

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

#### 6. Name and Address of Current Registered Agent

HALL, ROBERT G  
1299 S.E. 7TH AVE  
#107  
DANIA FL 33004

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.  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	P HALL, ROBERT G 1299 S.E. 7TH AVE., #107 DANIA FL 33004	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Robert G. Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 18, 2002 8:00 am  
Secretary of State

04-18-2002 90411 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

04-18-2002

CR2E034 (9/01)

4/18/02

954/270-1782

Date Daytime Phone #