

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90217 009 \*\*\*150.00

**DOCUMENT # P98000049939**

1. Entity Name  
**NETVANTAGE SOLUTIONS, INC.**

Principal Place of Business

**17112 LAKESHORE ROAD  
 LUTZ FL 33549-4851**

Mailing Address

**3837 NORTHSIDE BLVD.  
 191  
 TAMPA FL 33624-1841**

2. Principal Place of Business

**17150 LAKESHORE RD  
 Suite, Apt. #, etc.**

3. Mailing Address

**3837 NORTHSIDE BLVD.  
 Suite, Apt. #, etc.**

City & State

**LUTZ, FL**

City & State

**TAMPA, FL**

4. FEI Number

**59-3515602**

Applied For

Not Applicable

Zip  
**33558**

Country  
**USA**

Zip  
**33624**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SISSON, SEAN  
 17112 LAKESHORE ROAD  
 LUTZ FL 33549-4851**

7. Name and Address of New Registered Agent

Name **SISSON, SEAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17150 LAKESHORE RD**  
 City **LUTZ** FL **33558**

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.

**SEAN M. SISSON**  
 (NOTE: Registered Agent signature required when reinstating)

**4-15-02**  
 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

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>SISSON, SEAN</b>	
STREET ADDRESS	<b>17112 LAKESHORE RD</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SISSON, SISAN</b>	
STREET ADDRESS	<b>17112 LAKESHORE DRIVE</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISSON, SEAN</b>	
STREET ADDRESS	<b>17150 LAKESHORE RD</b>	
CITY-ST-ZIP	<b>LUTZ, FL 33558</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISSON, SUSAN</b>	
STREET ADDRESS	<b>17150 LAKESHORE RD</b>	
CITY-ST-ZIP	<b>LUTZ, FL 33558</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-02**  
 Date

Daytime Phone #

CR2E034 (9/01)