## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P98000060849

Name:

Address:

City-St-Zip:

KNAPP, MARVÍN

2003 SHORELAND DRIVE

AUBURNDALE, FL 33823

Entity Name: FLORIDA HOME NETWORK, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4500 U.S. H LAKELAND,		EAST LOT 225			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4500 U.S. H LAKELAND,		EAST LOT 225			
FEI Number: 5	9-3520969	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LAKELAND,	IGHWAY 92 FL 33801	EAST LOT 225 US			
The above n in the State		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE	≣:				
	Electro	nic Signature of Registered Age	ent	Date	
		o satisfy its Intangible Tax filing req g Trust Fund Contribution (  ).	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name: Address:	SDT ( WNEK, MICHA 526 HILLSIDE AUBURNDALE	DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address:	LEVY, BYERS	) Delete ON PARK DRIVE . 33801	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DV (	) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BYERS P LEVY DV 05/01/2002