

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063382

1. Entity Name

ARGUS-NET, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90025 031 ***150.00

Principal Place of Business

Mailing Address

5012 NW 18TH PL
GAINESVILLE FL 32605
US

5012 NW 18TH PL
GAINESVILLE FL 32605-3427
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3522740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFMAN, KEITH
2517 COLUMBUS STREET
FORT MYERS FL 33901

Name

LINDA H. HENDERSON

Street Address (P.O. Box Number is Not Acceptable)

5012 NW 18TH PLACE

City

GAINESVILLE

FL

Zip Code

32605

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)

4/25/00

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, 2000 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 VP/D
NAME HOFFMAN, KEITH
STREET ADDRESS ~~2517 COLUMBUS STREET~~ 2328 HUNTER STREET
CITY-ST-ZIP FORT MYERS FL 33901

TITLE VP/D
NAME HOFFMAN, KEITH
STREET ADDRESS 2328 HUNTER STREET
CITY-ST-ZIP FORT MYERS FL 33901

TITLE PD
NAME HENDERSON, LINDA H
STREET ADDRESS 5012 NW 18TH PL
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE PD/D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D
NAME BARBARA ORLER
STREET ADDRESS 9421 SW 61ST AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D
NAME B. THOMAS FAHERTY
STREET ADDRESS 4124 ALPINE DRIVE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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
LINDA H. HENDERSON PRES.

4/25/00

Date

352-374-9118

Daytime Phone #