2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

FILED DOCUMENT # P9800066064 Mar 01, 2000 8:00 am **Secretary of State** MPX NETWORK SOLUTIONS INC 03-01-2000 90069 033 ***150.00 Principal Place of Business Mailing Address 6680 BEECH RESORT DR., UNIT 13 6680 BEECH RESORT DR., UNIT 13 NAPLES FL 34114 NAPLES FL-34114-7540 `&-1-0-1-0-0-3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3537075 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRISAFI, SALVATORE Street Address (P.O. Box Number is Not Acceptable) 6680 BEECH RESORT DR., UNIT 13 NAPLES FL 34114 Zip Code 8. The above named entity submits this statement for the purpose of chariging its registered office or registered agent, or both, in the State of Florida SIGNATURE tie if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE ☐ Delete NAME GRISAFI, SALVATORE NAME STREET ADDRESS 6680 BEECH RESORT DR., UNIT 13 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34114 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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