

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000066140**

1. Entity Name
MEGANET, INC.

Principal Place of Business
**8750 PERIMETER PARK BLVD
JACKSONVILLE FL 32216-6347**

Mailing Address
**8750 PERIMETER PARK BLVD
JACKSONVILLE FL 32216-6347**

2. Principal Place of Business
P.O. BOX 02-5345, M506

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip Country
33102-5345 DADE

4. FEI Number **59-3523024** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMONIC, NICHOLAS T
8750 PERIMETER PARK BLVD
JACKSONVILLE FL 32216**

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.
(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 **PD** Delete
NAME **BERTRAND, RICHARD**
STREET ADDRESS **8750 PERIMETER PARK BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32216-6347**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE **P.O. BOX 02-5345, M506**
NAME **MIAMI, FL 33102-5345**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE **P.O. BOX 02-5345, M506**
NAME **MIAMI, FL 33102-5345**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE **P.O. BOX 02-5345, M506**
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TITLE Delete
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Change Addition
TITLE **P.O. BOX 02-5345, M506**
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TITLE Delete
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CITY-ST-ZIP

Change Addition
TITLE **P.O. BOX 02-5345, M506**
NAME **MIAMI, FL 33102-5345**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE **P.O. BOX 02-5345, M506**
NAME **MIAMI, FL 33102-5345**

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 other like empowered.

SIGNATURE: 

RICHARD BERTRAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02 (502) 333-7191
Date
Daytime Phone #

CR2E034 (9/01)