

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

046164 AV

05-05-2003 91793 034 \*\*\*150.00

**DOCUMENT # P98000076141**



1. Entity Name  
**QWIK.NET SYSTEMS, INC.**

Principal Place of Business  
**802 EAST BAKER STREET  
PLANT CITY FL 33566**

Mailing Address  
**802 EAST BAKER STREET  
PLANT CITY FL 33566**



2. Principal Place of Business  
**3107 SAMMONS RD, BLD 2**  
Suite, Apt. #, etc.  
**P.O. Box 1865**  
City & State  
**PLANT CITY, FL**  
Zip  
**33564** Country  
**USA**

3. Mailing Address  
**3107 SAMMONS RD, BLD 2**  
Suite, Apt. #, etc.  
**P.O. Box 1865**  
City & State  
**PLANT CITY, FL**  
Zip  
**33564** Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3528251** 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

**FALANY, CURTIS E  
802 E BAKER STREET  
PLANT CITY FL 33566**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3107 SAMMONS RD, BLD 2**  
**PLANT CITY** **FL** Zip Code  
**33563**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **C.E. Falany Dir** DATE **29 Apr 03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FALANY, CURTIS E</b> <b>702 W SAUNDERS ST</b> <b>PLANT CITY FL 33566</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **FALANY, Dir** DATE **29 Apr 03** DAYTIME PHONE # **813-702-9243**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)