

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085806

1. Entity Name

NETWORK MANAGEMENT GROUP, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90046 020 \*\*\*150.00

Principal Place of Business

Mailing Address

8550J SCENIC HWY.  
PENSACOLA FL 32514

8550J SCENIC HWY.  
PENSACOLA FL 32514-7921

10029581



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2693 Great Oaks Ct

3. Mailing Address

2693 Great Oaks Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

Gulf Breeze FL

4. FEI Number

59-3541151

Applied For

Not Applicable

Zip

Country

32561

USA

Zip

Country

32561

USA

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

SPENCER, ROBERT H  
8550 J SCENIC HWY  
PENSACOLA FL 32514

Name

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

2693 Great Oaks Ct

City

Gulf Breeze

FL

Zip Code

32561

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

03/05/2000

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 **P** ☐ Delete  
NAME **SPENCER, ROBERT H**  
STREET ADDRESS **8550 J SCENIC HWY**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **ST** ☐ Delete  
NAME **SPENCERT, MARY S**  
STREET ADDRESS **8550 J SCENIC HWY**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition  
NAME **Spencer, Robert H.**  
STREET ADDRESS **2693 Great Oaks Ct**  
CITY-ST-ZIP **Gulf Breeze FL 32561**

TITLE **ST** ☒ Change ☐ Addition  
NAME **Spencer, Mary S.**  
STREET ADDRESS **2693 Great Oaks Ct**  
CITY-ST-ZIP **Gulf Breeze FL 32561**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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

03/05/2000

Date

Daytime Phone #

CR2E034 (9/99)