

00080790

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091151			
1. Entity Name GROUP ONE NETWORKS, INC.			
Principal Place of Business 50 S BELCHER RD 107 CLEARWATER, FL 33765		Mailing Address 50 S BELCHER RD 107 CLEARWATER, FL 33765	
2. Principal Place of Business 14001 63rd WAY N		3. Mailing Address 14001 63rd WAY N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33760		Zip 33760	
Country USA		Country USA	
4. FEI Number 59-3538575		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent NICHOLSON, JAMES L 50 S BELCHER RD SUITE 10 CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14001 63rd WAY N City CLEARWATER FL Zip Code 33760	
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering.)			
FILE NOW!!!! FEE IS \$150.00 After May 17, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NICHOLSON, JAMES L 50 S. BELCHER RD #107 CLEARWATER, FL 33765		PD NICHOLSON, JAMES L 14001 63rd WAY N CLEARWATER, FL 33760	
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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☐ Delete		☐ Change ☐ 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: _____		4-11-03 727-443-5600	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT		Date Daytime Phone #	

CRF0304 (10/02)