

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000094479

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: NETWORK SERVICE ASSOCIATES, INC.

Current Principal Place of Business:

6829 NW 81 ST
PARKLAND, FL 33067

New Principal Place of Business:

6829 NW 81ST COURT
PARKLAND, FL 33067

Current Mailing Address:

6829 NW 81 ST
PARKLAND, FL 33067

New Mailing Address:

6829 NW 81ST COURT
PARKLAND, FL 33067

FEI Number: 65-0873821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAWBY, LISSETTE A
6829 NW 81ST STREET
PARKLAND, FL 33067

Name and Address of New Registered Agent:

MAWBY, LISSETTE A
6829 NW 81ST COURT
PARKLAND, FL 33067

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:

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MAWBY, LISSETT A
Address: 6829 NW 81ST ST
City-St-Zip: PARKLAND, FL 33067

Title: VSD () Delete
Name: MAWBY, CHRISTOPHER L
Address: 6829 NW 81ST STREET
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MAWBY, LISSETTE A
Address: 6829 NW 81ST COURT
City-St-Zip: PARKLAND, FL 33067

Title: VSD (X) Change () Addition
Name: MAWBY, CHRISTOPHER L
Address: 6829 NW 81ST COURT
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISSETTE A MAWBY

P

04/30/2002

Electronic Signature of Signing Officer or Director

Date