

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099100

1. Entity Name

NETLOCATE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90232 007 ***150.00

Principal Place of Business

2067 FOREST GATE DRIVE EAST
JACKSONVILLE FL 32246

Mailing Address

2067 FOREST GATE DRIVE EAST
JACKSONVILLE FL 32246-1126

2. Principal Place of Business

101 Century 21 Drive

Suite, Apt. #, etc.

Suite-109A

City & State

Jacksonville, FL

Zip

32216

Country

3. Mailing Address

101 Century 21 Dr.

Suite, Apt. #, etc.

Suite-109A

City & State

Jacksonville, FL

Zip

32216

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3565432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOILANEN, THOMAS
1258 ST. JOHN'S BLUFF RD
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

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, 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

TITLE **P** ☐ Delete
NAME **S, ALEXANDER**
STREET ADDRESS **2067 FOREST GATE DR. EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **SZLEGR, ALEXANDER**
STREET ADDRESS **2067 FOREST GATE DR E**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

947-725-2929

Daytime Phone #

CR2E034 (9/99)