

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000099100

1. Entity Name
NETLOCATE, INC.

Principal Place of Business

101 CENTURY 21 DRIVE
STE 109A
JACKSONVILLE
32216

FL

Mailing Address

101 CENTURY 21 DRIVE
STE 109A
JACKSONVILLE
32216

FL

2. Principal Place of Business
3536 UNIVERSITY BLVD N.

3. Mailing Address
3536 UNIVERSITY BLVD N.

Suite, Apt. #, etc.
SUITE 160

Suite, Apt. #, etc.
SUITE 160

City & State
JACKSONVILLE

FL

City & State
JACKSONVILLE

FL

Zip
32277

Country

Zip
32277

Country

4. FEI Number
59-3565432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOILANEN THOMAS
1258 ST. JOHN'S BLUFF RD

JACKSONVILLE
32225

FL

US

7. Name and Address of New Registered Agent

Name

MOILANEN THOMAS

Street Address (P.O. Box Number is Not Acceptable)
1258 ST. JOHNS BLUFF RD

City
JACKSONVILLE

FL

Zip Code
32225

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)

04/30/2001

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, 2001 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 SZLEGR 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

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

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

TITLE ☐ Change ☐ Addition
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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: Alex P. Szlegr

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)