

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90171 037 ***150.00

DOCUMENT # P99000023714

1. Entity Name
JGORMANIA, INC. changed to FUTURENET, INC.

Principal Place of Business
**300 S. HYDE PARK AVE. STE. 220
 TAMPA FL 33606**

Mailing Address
**300 S. HYDE PARK AVE. STE. 220
 TAMPA FL 33606**

2. Principal Place of Business
334 So. Hyde Park Ave
 Suite, Apt. #, etc.

3. Mailing Address
334 So. Hyde Park Ave
 Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number **59-3571254**

Applied For
 Not Applicable

Zip **33606** Country **USA**

Zip **33606** Country **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

**PENA, MARK E
 300 S. HYDE PARK AVE. STE. 220
 TAMPA FL 33606**

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, 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 **D** ☐ Delete
 NAME **ABDO, JOSEPH E**
 STREET ADDRESS **950 CHATHAM WAY**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **VPTD** ☐ Delete
 NAME **ABDO, KHALIL**
 STREET ADDRESS **334 SO HYDE PARK AVE**
 CITY-ST-ZIP **TAMPA FL 33605**

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 **PRESIDENT** ☐ Change ☒ Addition
 NAME **ABDO, JOSEPH E.**
 STREET ADDRESS **3301 BAYSHORE BLVD #1810**
 CITY-ST-ZIP **TAMPA FL 33629**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P 4/25/01 813 254 6969

CR2E034 (10/00)



Attachment
A0073461

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 31, 2001

IGORMANIA, INC.
334 S. HYDE PARK AVE.
TAMPA, FL 33606

Subject: IGORMANIA, INC.

Reference
Number:

P99000023714

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SR
ANNUAL REPORTS SECTION