

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025940

1. Entity Name

N2N SYSTEMS INTEGRATORS, INC.

Principal Place of Business

2124 WEST KENNEDY BOULEVARD, SUITE A
TAMPA FL 33606

Mailing Address

2124 WEST KENNEDY BOULEVARD, SUITE A
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRANA, MICHAEL J
2124 WEST KENNEDY BOULEVARD, SUITE A
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
NAME PD
STREET ADDRESS KING, MICHAEL R
CITY-ST-ZIP 2124 WEST KENNEDY BOULEVARD, SUITE A
TAMPA FL 33606 ☐ Delete

TITLE
NAME VPD
STREET ADDRESS BAUER, VINCENT F
CITY-ST-ZIP 2124 WEST KENNEDY BOULEVARD, SUITE A
TAMPA FL 33606 ☒ Delete

TITLE
NAME STD
STREET ADDRESS HILLENBRAND, DOUGLAS J
CITY-ST-ZIP 2124 WEST KENNEDY BOULEVARD, SUITE A
TAMPA FL 33606 ☒ Delete

TITLE
NAME Robert Barbara
STREET ADDRESS 2124 West Kennedy Boulevard, Suite A
CITY-ST-ZIP Tampa FL 33606 VPD ☐ Delete

TITLE
NAME Douglas Banks
STREET ADDRESS 2124 West Kennedy Boulevard, Suite A
CITY-ST-ZIP Tampa FL 33606 STD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

Michael R King

Michael R KING

4/23/01

(502) 425-8292

Date

Daytime Phone #

(Fomp)

0341617

CR2E034 (10/00)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90050 044 ***150.00

80050556



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3573491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required