2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91190 046 ***158.75

DOCUMENT # P99000031435

1. Entity Name
NETWORK SENTRIES, INC

Principal Place of Business | Mailing Address

U0070305

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12322 82nd AVE	PO BOX 3976
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEMINOLE FL	City & State: SEMINOLE FL
Zip: 33772 Country: PINELLAS	Zip: 33775-3976 Country: PINELLAS

4. FEI Number: 59-3569224 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CRAIG TEWKSBURY
12322 82nd AVE
SEMINOLE FL 33772

7. Name and Address of New Registered Agent
Name: CRAIG TEWKSBURY
Street Address (P.O. Box Number is Not Acceptable): 12322 82nd AVE
City: SEMINOLE FL Zip Code: 33772

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] 5/18/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DONA BROWN	NAME	
STREET ADDRESS	634 TUSCANNY ST.	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	CITY-ST-ZIP	
TITLE	V/T/S/D/C ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CRAIG TEWKSBURY	NAME	
STREET ADDRESS	12322 82nd AVE	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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] 5/18/01 727-397-5839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #