

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90599 010 ***150.00

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 AV

DOCUMENT # P99000032733

1. Entity Name
NET ECCENTRIC, INC.

Principal Place of Business

**15370 SW 284TH ST #135
 HOMESTEAD FL 33033**

Mailing Address

**15370 SW 284TH ST #135
 HOMESTEAD FL 33033**

2. Principal Place of Business

26440 SW 122 AVE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 924401

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

City & State

PRINCETON FL

4. FEI Number

65-0909453

Applied For

Not Applicable

Zip

33032

Country

USA

Zip

33092

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RAMKISSOON, KATHLEEN I

15370 SW 284TH ST #135

HOMESTEAD FL 33033

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

Kathleen Ramkisson

4/22/02

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, 2002 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 **PSTD** ☐ Delete
 NAME **RAMKISSOON, KATHLEEN I**
 STREET ADDRESS **15370 SW 284TH ST #135**
 CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **RAMKISSOON, KATHLEEN I**
 STREET ADDRESS **26440 SW 122 AVE**
 CITY-ST-ZIP **HOMESTEAD, FL 33032**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

Kathleen Ramkisson

4/22/02

305-247-1318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)