

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034745

1. Entity Name

SURFNET TECHNOLOGIES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90335 017 ***150.00

Principal Place of Business

Mailing Address

9818 DEAN COVE LANE
 ORLANDO FL 32825

9818 DEAN COVE LANE
 ORLANDO FL 32825-6567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3581500

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARIN, THOMAS E
 1358 CRYSTAL RIVER DRIVE
 ORLANDO FL 32828

Name

Robert J. Maresca

Street Address (P.O. Box Number is Not Acceptable)

9818 DEAN COVE LANE

City

Orlando

FL

Zip Code

32825

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, 2000 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 PD
 NAME MARESCA, ROBERT J
 STREET ADDRESS 9818 DEAN COVE LANE
 CITY-ST-ZIP ORLANDO FL 32825

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
 NAME MARIN, THOMAS E
 STREET ADDRESS 13548 CRYSTAL RIVER DR
 CITY-ST-ZIP ORLANDO FL 32828

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☐ Change ☐ Addition

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:

Robert J. Maresca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

407-380-6786

Daytime Phone #

CR2E034 (9/99)