

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047175

1. Entity Name

CENTRAL FLORIDA NETWORK SOLUTIONS, INC.

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90274 008 \*\*\*150.00

Principal Place of Business

1 AUGUSTA CIRCLE  
 ST CLOUD FL 34769

Mailing Address

1 AUGUSTA CIRCLE  
 ST CLOUD FL 34769

550192



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Augusta Circle  
 Suite, Apt. #, etc.

3. Mailing Address

1 Augusta Circle  
 Suite, Apt. etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

4. FEI Number 59-3580751

Applied For  
 Not Applicable

Zip  
 34769

Country

Zip

34769

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

DENNIS, MICHAEL  
 1 AUGUSTA CIRCLE  
 ST CLOUD FL 34769

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PO ☐ Delete  
 NAME DENNIS, MICHAEL S  
 STREET ADDRESS 1 AUGUSTA CIRCLE  
 CITY-ST-ZIP SAINT CLOUD FL 34769

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 #

CR2E034 (10/00)