

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000049238**

1. Entity Name

STENBARR NETWORK SOLUTIONS, INC.**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90021 048 ***150.00

0352716

Principal Place of Business

**14350 CARLSON CIRCLE
TAMPA FL 32626**

Mailing Address

**14350 CARLSON CIRCLE
TAMPA FL 32626****A0033502**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3591635**

Applied For

Not Applicable

Zip

33626

Country

US

Zip

33626

Country

US5. 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

**MINOT, MICHAEL S
319 RIVEREDGE BLVD. STE. 218
COCOA FL 32922**

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	P	<input type="checkbox"/> Delete
NAME	JOINER, JOHN	
STREET ADDRESS	14350 CARLSON CIRCLE	
CITY-ST-ZIP	TAMPA FL 32626	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	395 NEWPORT DRIVE	
CITY-ST-ZIP	INDIALANTIC, FL 32903	

TITLE	V	<input type="checkbox"/> Delete
NAME	STENBERG, ANDREW	
STREET ADDRESS	14350 CARLSON CIRCLE	
CITY-ST-ZIP	TAMPA FL 32626	

TITLE	UD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4505 ROANOAK WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34685	

TITLE	ST	<input type="checkbox"/> Delete
NAME	BARR, WILLIAM	
STREET ADDRESS	14350 CARLSON CIRCLE	
CITY-ST-ZIP	TAMPA FL 32626	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17816 WILLOW LAKE DRIVE	
CITY-ST-ZIP	ODESSA, FL 33556	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW STENBERG

Date

3/19/01

Daytime Phone #

(813) 854-2555

CR2E034 (10/00)