

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90143 031 \*\*\*150.00

**DOCUMENT # P99000049238**

1. Entity Name

**STENBARR NETWORK SOLUTIONS, INC.**

*STEN-BARR NETWORK SOLUTIONS, INC. ✓*

*TYPO*

Principal Place of Business

**14350 CARLSON CIRCLE  
 TAMPA FL 33626  
 US**

Mailing Address

**14350 CARLSON CIRCLE  
 TAMPA FL 33626  
 US**



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

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

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

Name

**ANDREW STENBERG**

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

**4505 ROANOAK WAY**

City

**PALM HARBOR**

**FL**

Zip Code

**34685**

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.

**ANDREW STENBERG VICE-PRESIDENT**

**4/1/02**

DATE

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD JOINER, JOHN**  
 STREET ADDRESS **395 NEWPORT DRIVE**  
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD STENBERG, ANDREW**  
 STREET ADDRESS **4505 ROANOAK WAY**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STD BARR, WILLIAM**  
 STREET ADDRESS **17816 WILLOW LAKE DRIVE**  
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE  Change  Addition  
 NAME **JOHN W. BARR**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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, and all other like empowered.

SIGNATURE:

**ANDREW STENBERG**

**4/1/02**

Date

**(813) 854-2555**

Daytime Phone #

CR2E034 (9/01)