

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3591635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW STENBERG

4/1/02

Date

(813) 854-2555

Daytime Phone #

CR2E034 (9/01)