## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P99000072194 Jan 14, 2000 8:00 am **Secretary of State** D & M NETSURF, INC. 01-14-2000 90006 026 \*\*\*158.75 Mailing Address Principal Place of Business 21 MEADOWS PARK LANE 21 MEADOWS PARK LANE BOYNTON BEACH FL 33436-9010 BOYNTON BEACH FL 33436 2. Principal Place of Business 3. Mailing Address Same AS ABOVE SAME AS ABOVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable 65-09 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALG DINARDO, MELISSA Street Address (P.O. Box Number is Not Acceptable) 21 MEADOWS PARK LANE **BOYNTON BEACH FL 33436** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Delete TITLE TITLE DAVID DINARDO 31 Meadows Park Lanc NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Beach, FL. 33436 inton, Addition ☐ Delete TITLE TITLE melissa. Dinardo NAME al meadows Park Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, FL. 33436 Addition \_ - - Delete TITLE TITLE ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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