## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF

INTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P99000078098** 1. Entity Name, NETRESULTSING.COM, INC. 03-15-2000 90095 038 \*\*\*150.00 Principal Place of Business Mailing Address 73 NURMI DRIVE 73 NURMI DRIVE FORT LAUDERDALE FL 33301-1402 FORT LAUDERDALE FL 33301 ~~ ~ ~ U 0 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EMO CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 100 NORTHEAST THIRD AVENUE **SUITE 1100** FORT LAUDERDALE FL 33301 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition De!ete TITLE TITLE SMITH, PAUL B NAME NAME 3404 ALABAMA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ALEXANDRIA VA 22305** ☐ Addition ☐ Change ☐ Delete TITLE TITLE CHOPEK, JOSEPH B NAME NAME STREET ADDRESS STREET ADDRESS 73 NURMI DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Addition Delete TITLE Change TITLE JONES, GREG S NAME NAME STREET ADDRESS 1176 SILVER BEACH ROAD STREET ADDRESS CITY-ST-ZIP HERNDON VA 20170 CITY-ST-ZIP Change Addition TITLE ☐ De'ete GRAHAM, ANTHONY R NAME NAME **679 DESTACADA DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ De!ete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 office-or-director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that made under oath; that I am an office-or-director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that made under oath; that I am an office-or-director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that made under oath; that I am an office-or-director of the corporation or the receiver of trustee empowered to execute this report is true and accurate and



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FACSIMILE

TRANSMISSION

INTERNAL REVENUE SERVICE
Atlanta Service Center
PO Box 47-421
Tele-TIM Unit Stop 751
Doraville, Ga 30362

DATE 11-10-99	RECD	TIME
NAME AND TITLE		PAX MDBER 954-527-8852
Joseph B	hosek-Pr	selent
BEGINNING OCTOBER: 1 IDENTIFICATION NING (678) 530-6156. NING PLEASE CALL US AT (67 TO USE THE NUMBERS E TOTAL PAGE: 1 IF YOU HAVE AND	PROMINERS 9, 1998 ALL MERS SHOULD BE STICES ABOUT ABOUT 78) 530-7925 OR ( MELOW UNTIL THIS	ARE CHANGING.  PAX REQUESTS FOR EMPLOYEE SENT TO OUR NEW FAX MUSER:  FAX RECEIVED FROM OUR OFFICE [678] 530-7902, PLEASE CONTINUE DATE.
COMMENTS: WE HAVE A	SSIGNED AN EMPLA	OVER IDENTIFICATION RUMBER FOR
COMPANY HAME:  Netresultaire EMPLOYER IDENTIFICAT	ION KURCHER (EIM)	):
65-095	93/0 CAUTION	

THIS COMMUNICATION IS INTENDED FOR THE SOLE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND MAY CONTAIN IMPORDATION THAT IS PRIVILEGED, CONTRIBUTIAL, AND EXECUT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS COMMUNICATION IS NOT THE INTENDED RECIPIENT, OR AGENT FOR DELIVERING THE COMMUNICATION TO THE INTENDED RECIPIENT, TOU ARE HEREBY MOTIFIED THAT ANY DISSEMULATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IN ENGOY, PLEASE MUTIFY THE SENDER INMEDIATELY BY TELEPHONE CALL, AND RETURN THE COMMUNICATION TO THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICE. THANK-YOU.