

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080073

1. Entity Name

GATOR NET, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90094 002 ***150.00

Principal Place of Business

Mailing Address

1497 N.W. 153RD AVENUE
PEMBROKE PINES FL 33028

1497 N.W. 153RD AVENUE
PEMBROKE PINES FL 33028-2451

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

65-0949961

Applied For

Not Applicable

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

STRUMP, SUZANNE
1497 N.W. 153RD AVENUE
PEMBROKE PINES FL 33028

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

Suzanne E. Strump

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, 2000 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 PRESIDENT ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☐ Change ☒ Addition
NAME SUZANNE E. STRUMP
STREET ADDRESS 1497 NW 153RD AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME JEFFREY STRUMP
STREET ADDRESS 1497 NW 153RD AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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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 all other like empowered.

SIGNATURE:

Jeffrey Strump

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

4/11/00 954-430-4309

CR2E034 19/99