

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080570

1. Entity Name

NETCPLUS INTERNET SOLUTIONS INC

POSTED

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90141 035 ***150.00

Principal Place of Business

Mailing Address

6860 GULFPORT BLVD., SUITE 900
ST. PETERSBURG FL 33707-2108

6860 GULFPORT BLVD., SUITE 900
ST. PETERSBURG FL 33707-2108

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

36 4313873

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

LIGHT, BRIAN
6860 GULFPORT BLVD., SUITE 900
ST. PETERSBURG FL 33707-2108

Name **NEVADA HOLDINGS INC - BRIAN LIGHT**
Street Address (P.O. Box Number is Not Acceptable)
6860 GULFPORT BLVD. #900
City **S. PASADENA** FL Zip Code **33707-2108**

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 B. Light (Pres) NEVADA HOLDINGS INC 4/21/00
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 **D** ☐ Delete
NAME **LIGHT, BRIAN**
STREET ADDRESS **6860 GULFPORT BLVD., SUITE 900**
CITY-ST-ZIP **ST. PETERSBURG FL 33707-2108**

TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PLD** ☐ Change ☒ Addition
NAME **IAN TURNER**
STREET ADDRESS **6860 GULFPORT BLVD. #900**
CITY-ST-ZIP **S. PASADENA FL 33707-2108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/T** ☐ Change ☒ Addition
NAME **OWEN TURNER**
STREET ADDRESS **6860 GULFPORT BLVD. #900**
CITY-ST-ZIP **S. PASADENA FL 33707-2108**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)