

2000 UNIFORM BUSINESS REPORT (UBR)

3/9/1

FILED

May 12, 2000 8:00 am
Secretary of State

03-09-2000 90111 010 ***150.00

DOCUMENT # P99000090683

1. Entity Name

NET-IDD (AMERICA) COMMUNICATION INC.

EVANNET COMMUNICATION, INC.

Principal Place of Business

Mailing Address

262 PORTSTEWART DR
ORLANDO FL 32828

262 PORTSTEWART DR
ORLANDO FL 32828-8234

2. Principal Place of Business

3. Mailing Address

200 East Robinson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 500

City & State

City & State
Orlando, Florida 32801

4. FEI Number

59-3620232

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WONG, WANG W
262 PORTSTEWART DR
ORLANDO FL 32828

Name

Florida Corporate Support, Inc.

Street Address (P.O. Box Number is Not Acceptable)

200 E. Robinson Street, Suite 500

Orlando.

City

Orlando

FL

Zip Code
32801

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.

FLORIDA CORPORATE SUPPORT, INC.

SIGNATURE

By: M. Steven Brown, N.S.S.A. Sec.

4/5/2000

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D: V/D: Wong Wang Wai Wong 262 Portstewart Drive Orlando, Florida 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D:/S Kennecce Wong 10525 Sun Villa Blvd. Orlando, FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Frank Hung 262 Portstewart Drive Orlando, FL 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Marshall Yim 262 Portstewart Drive Orlando, FL 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000

Date

Daytime Phone #