Sep 07, 2000 8:00 am Secretary of State

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104162 1. Entity Name

CONSOLIDATED	NETWORKS.	INC.
OOHOOLIDATED	11-11101	1110.

				\			09-07-2000 90036	5 047 ***550	0.00	
9235 SE COVE POINT STREET 9235 S		Mailing Address 9235 SE COVE POINT STR JUPITER FL 33469	9235 SE COVE POINT STREET							
			D. M. W. A. A.							
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc. 17887 SE FEDERAL HWY			Suite, Apt. #, etc. 17887 SE FEDERAL HWY			7	DO NOT WRITE IN THIS SPACE			
City & State JUPITER FL			City & State JUPITER FL			4.	4. FEI Number Applied For 55-0962563 Not Applicable			
^{Zip} 33469		Country WPB	^{Zip} 33459	Coun W P	•		Certificate of Status Desired	\$8.75 Add Fee Required		
	6Name	and Address of Current R	egistered Agent			7.	Name and Address of New Registered	d Agent		
MARKS, STEVE 9235 SE COVE POINT STREET JUPITER FL 33469				Street Ad	(ARKS STEVE t Address (P.O. Box Number is Not Acceptable) 7887 SE FEDERAL HWY					
•				City	City JUPITER FL Zip Code 33459					
8. This 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) OATE										
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 \$550.00 After SEPTEMBER 13, 2000 Min. will be \$756 Make Check Payable to Department of Sta		be \$750.00 of State	irust rund Commodion.	Added	May Be to Fees			
11.		OFFICERS AND D	IRECTORS	12.		A	DDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9235 S.E	GH, VISHPATEE E. COVE POINT STREET FL 33469				GARNE 17887	ASURER CHANGE TO			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	. ~		☐ Delete					Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	Addition	

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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CITY-ST-ZIP

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☐ 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.