

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90141 002 ***150.00

DOCUMENT # P99000010205

1. Entity Name
MICRO-TECH COMPUTER & NETWORK SERVICES, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 1282 POST OFFICE BOX 1282
MOUNT DORA FL 32756-1282 MOUNT DORA FL 32756-1282



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14362 S.E. 152nd Place
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Weirsdale, FL

City & State

Zip Country
32195 Maria

Zip Country

4. FEI Number
59-3556293

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HAYES, KEVIN L
33412 WESLEY ROAD
EUSTIS FL 32726

7. Name and Address of New Registered Agent
 Name **Kevin L Hayes**
 Street Address (P.O. Box Number is Not Acceptable)
14362 S.E. 152nd Place
 City **Weirsdale** **FL** Zip Code **32195**

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 *Kevin L Hayes* 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.

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	
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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: *Kevin L Hayes* Date 4-26-00 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)