

DOCUMENT # P09417
 1. Entity Name
SERVICE NET, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90030 035 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 777 HARBOR ISLAND BLVD
 760
 TAMPA FL 33602
 US

Mailing Address
 4234 FAIRWAY CIRCLE
 TAMPA FL 33624
 US

2. Principal Place of Business
4234 FAIRWAY CIRCLE

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

City & State
TAMPA, FL

City & State

4. FEI Number **13-3333200**

Applied For
 Not Applicable

Zip
33624

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent
 SMITH, TREVOR G
 4234 FAIRWAY CIRCLE
 TAMPA FL 33624

7. Name and Address of New Registered Agent
 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 _____ 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, 2001 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		<input type="checkbox"/> Delete
TITLE	CPD	<input type="checkbox"/>
NAME	SMITH, TREVOR G	
STREET ADDRESS	4234 FAIRWAY CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/>
NAME	SMITH, NOLA R	
STREET ADDRESS	4234 FAIRWAY CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/>
NAME	SMITH, FORD B	
STREET ADDRESS	4234 FAIRWAY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VPD	<input type="checkbox"/>
NAME	SMITH, MALENA C	
STREET ADDRESS	4234 FAIRWAY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Trevor G. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-5-01 Daytime Phone #: 813-908-9773

CR2E034 (10/00)