

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90987 044 ***150.00

DOCUMENT #

M89211

1. Entity Name

SEMINAR NETWORK INTERNATIONAL INC

Principal Place of Business

518 N FEDERAL HWY
LAKE WORTH FL
33460

Mailing Address

518 N FEDERAL HWY
LAKE WORTH FL
33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0063286

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

C0058722

6. Name and Address of Current Registered Agent

NANCY PUTZAN
518 N FEDERAL HWY
LAKE WORTH FL 33460

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

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

NANCY PUTZAN

3/26/01

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

P ☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JEAN LOVING
5203 MICHAEL AVE
BOYNTON BEACH FL 33437VP ☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NANCY PUTZAN
316 MONCEAUX RD
WEST PALM BEACH FL 33405D ☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONRAD PUTZAN
316 MONCEAUX RD
WEST PALM BEACH FL 33405☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
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CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY PUTZAN

3/26/01

561-582-5349

Date

Daytime Phone #

CR2E034 (11/00)