

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116289

1. Entity Name

PROFESSIONAL RESOURCES NETWORK INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90208 026 ***150.00

Principal Place of Business

2011 NE 34TH COURT
LIGHTHOUSE POINT FL 33064

Mailing Address

2011 NE 34TH COURT
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

2641 E. ATLANTIC BLVD

3. Mailing Address

2436 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 307

Suite, Apt. #, etc.

360

City & State

POUNAPO BCH FL

City & State

LIGHTHOUSE PT FL 33064

Zip

33062

Country

USA

Zip

33064

Country

USA

4. FEI Number

651062910

Applied For

Not Applicable

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

BEALE, DAVID
2011 NE 34TH COURT
LIGHTHOUSE POINT FL 33064

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

David Beale

DAVID BEALE

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

(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 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 PD ☐ Delete
NAME BEALE, DAVID
STREET ADDRESS 2011 NE 34TH COURT
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BALLACK, MARY KAY
STREET ADDRESS 2011 NE 34TH COURT
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

David Beale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 532 0813

CR2E034 (10/00)