2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000003334

1. Entity Name

I-NET REFERRALS, INC.

Principal Place of Business

OVIEDO FL 32765-8384

169 WEST BROADWAY STREET



Mailing Address 169 WEST BROADWAY STREET

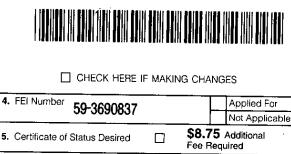
OVIEDO FL 32765-8384

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zio Courte

Zip



02-06-2003 90119 027 ***150.00



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORGAŃ, TIMOTHY H Street Address (P.O. Box Number is Not Acceptable) 169 WEST BROADWAY STREET OVIEDO 5L 32765-8384 City Zip Code

Country

the of	Dove named entity submits this statement for the purpose of chang digations of registered agent.	ging its registered office or registered agent, or bot	h, in the State of Florida.	I am familiar with, ar	nd accept
SIGNATU	JRE	(NOTE: Registered Agent signature required when reinstating)		NATE:	

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DP Delete MORGAN, TIMOTHY H 1094 MCKEAN CIRCLE WINTER PARK FL 32789-2681	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	⊡' Delete-	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered. with all other like empowered.

SIGNATURE: