

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90157 013 \*\*\*150.00

DOCUMENT # P01000034053

1. Entity Name  
EXECUTIVE NETWORK SOLUTIONS, INC.



Principal Place of Business  
9920 SW 88 ST  
SUITE J207  
MIAMI FL 33176

Mailing Address  
9920 SW 88 ST  
SUITE J207  
MIAMI FL 33176

2. Principal Place of Business  
13381 SW 114 Lane  
Suite, Apt. #, etc.

3. Mailing Address  
13381 SW 114 Lane  
Suite, Apt. #, etc.

City & State  
Miami, FL 3

City & State  
Miami, FL 33186

Zip  
33186

Country  
USA

Zip  
33186

Country  
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1090711

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KERNER, DAVID J  
9920 SW 88 ST  
SUITE J207  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name Kerner, David J  
Street Address (P.O. Box Number is Not Acceptable)  
13381 SW 114 Lane  
City Miami  
FL Zip Code 33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DATE 1-14-03

(NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KERNER, DAVID J	
STREET ADDRESS	9920 SW 88 ST SUITE J207	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kerner, David J	
STREET ADDRESS	13381 SW 114 Lane	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1-14-03

Daytime Phone #

CR2E034 (10/02)