2003 FOR PROFIT CORPORATION

P01000051991

UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DOCUMENT #

CREDIT NETWORK SERVICES CORP.

			GO WE THE	
Principal Place of Business 11251 HERON BAY BLVD #3415 CORAL SPRINGS FL 33076		Mailing Address 11251 HERON BAY BLVD CORAL SPRINGS FL 33076	#3415	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-1107309 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent
man W			Name	
COVE, ANDREW N ESQ				
225 S 219			Street Addre	ss (P.O. Box Number is Not Acceptable)
	OD FL 33020 🐇			
HOLLING	OD FL 33020			
			City	FL Zip Code
	e named/entity submits this statement for tions of registered agent. Signature, typed or printed name or registered agent are	nichard (egistered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept LOS(Deut 4-14-0 3) LUIR (When reinstating) DATE
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 \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D	PIRECTORS	11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST UGLES, RICHARD 11251 HERON BAY BLVD., #3415 CORAL SPRINGS FL 33076	☐ Delete	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
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-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NÄME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	Change Addition

STREET ADDRESS

CITY-ST-ZIP

12. 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 regeiver 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.

FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90257 021 ***155.00