

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90149 026 ***550.00

DOCUMENT # P01000101700

1. Entity Name
NAEBA REFERRAL SERVICE CORPORATION

Principal Place of Business

P.O. BOX 2131
 VERO BEACH FL 32961

Mailing Address

P.O. BOX 2131
 VERO BEACH FL 32961



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

407 Wekiwa Springs Rd
 Suite, Apt. #, etc.
Suite 241

3. Mailing Address

407 Wekiwa Springs Rd
 Suite, Apt. #, etc.
Suite 241

City & State
Longwood FL

City & State
Longwood FL

4. FEI Number
59-3750067

Applied For
 Not Applicable

Zip
32779

Country

Zip
32779

Country

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

6. Name and Address of Current Registered Agent

ASSOCIATION MANAGEMENT NETWORK, INC.
320 W. SABAL PALM PLACE, STE 150
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

407 Wekiwa Springs Rd #241

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

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **President** ☐ Delete
 NAME **Kel E. LaBranche**
 STREET ADDRESS **P.O. Box 2131**
 CITY-ST-ZIP **VERO BEACH FL 32961**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-02 772-564-6300

Date

Daytime Phone #

CR2E034 (4/02)