

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000080105**

1. Entity Name

NETWORKING REFERRAL SERVICES, INC.

Principal Place of Business

**1371 GIMLET STREET, S.W.
PALM BAY FL 32907**

Mailing Address

**1371 GIMLET STREET, S.W.
PALM BAY FL 32907**

93140

2. Principal Place of Business

**10125 S. Wren Circle
Barefoot Bay**

3. Mailing Address

10125 S. Wren Cir.

City & State

FL

City & State

4. FEI Number

59-3402838

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, DAVID
1371 GIMLET STREET, S.W.
PALM BAY FL 32907**

MOVED
SAME Agent
Different Address

7. Name and Address of New Registered Agent

Name **DAVID Graham**
Street Address (P.O. Box Number is Not Acceptable) **10125 S. Wren Cir.**
City **Barefoot Bay** State **FL** Zip Code **32976**

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

Signature, type 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, 2002 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

TITLE **D** ☐ Delete
NAME **GRAHAM, DAVID**
STREET ADDRESS **1371 GIMLET STREET, S.W.**
CITY-STATE-ZIP **PALM BAY FL 32907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-STATE-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 and name of the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-06-2002 90082 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E004 (9/01)

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Attachment
Document # 93140
P96000080105

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: _____	EIN or SS#: _____
Address: _____	

Amount: <u>\$150.00</u>	Date Paid: <u>5/16/02</u>
Reason for Claim: <u>WBE not Filed P96000080105</u>	
<u>SPR 5/16/02 REX</u>	

Certified true and correct this <u>6/10/02</u> day of <u>File Report</u>	
Signature <u>[Signature]</u>	

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim.	
Amount of recommended refund \$ <u>150.00</u>	
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on	
State Treasurer's Receipt No. <u>90082</u> <u>004</u> dated <u>05-06-02</u>	
NAME OF ACCOUNT: <u>45202130001453001000001000000</u>	
Statutory Authority for Collection <u>607</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>45202130001453001000022002000</u>	
Certified true and correct this _____ day of _____	
Department of State, Division of Corporations	(Agency)
(Authorized Agency Signature and Title)	