

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077425

1. Entity Name

PARTNERS INVESTMENT NETWORK, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90112 014 \*\*\*150.00

Principal Place of Business

Mailing Address

2300 PALM BEACH LAKES BLVD. #305  
WEST PALM BEACH FL 33407

2300 PALM BEACH LAKES BLVD. #305  
WEST PALM BEACH FL 33409-3306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0727500**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDOLFO, PHILLIP T JR  
777 SOUTH FLAGLER DRIVE  
SUITE 310 EAST  
WEST PALM BEACH FL 33401

Name

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

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.

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CUTHBERT, SHERRY</b>	
STREET ADDRESS	<b>2300 PALM BEACH LAKES BLVD. #305</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JENKINS, RONDA K</b>	
STREET ADDRESS	<b>2300 PALM BEACH LAKES BLVD. #305</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-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, with all other like empowered.

SIGNATURE: Ronda K Jenkins 1/26/00 601-683-8983  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)