

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 OCT 16 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000092448

1. Entity Name

Investors Network Services Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1951 Grove Ave

Suite, Apt. #, etc.

3. Mailing Address

1951 Grove Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS FL

City & State

FT MYERS FL

4. FEI Number

65-0792830

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Theresa DeHaven

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

1951 Grove Ave

City

FT MYERS

FL

Zip Code

33901

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Theresa DeHaven 1951 GROVE AVE FT. MYERS, FL 33901	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/02 239-332-3500

***INVESTORS NETWORK SERVICES, INC***

***1951 Grove Avenue  
Fort Myers, Fl 33901***

***Office number (239) 332-3500  
Fax number (239) 332-3565***

***October 14, 2002***

***Division of Corporation  
Department of State  
409 E Gaines Street  
Tallahassee, Fl 32399***

***To whom it may concern,:***

***In response to our 2002 filing fee, we did not receive our form, due to the fact that the mailing address you have is different.***

***Any questions please feel free to contact our office at the above number.***

***Sincerely,***

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

***Theresa DeHaven***