

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000000171**1. Entity Name
PROFESSIONAL NETWORKING SERVICES CORPORATIONPrincipal Place of Business
12616 NW 18TH PLACE
POMPAÑO BEACH FL 33071
Mailing Address
12616 NW 18TH PLACE
POMPAÑO BEACH FL 330712. Principal Place of Business
9762 HONEYSUCKLE AVENUE
3. Mailing Address
9762 HONEYSUCKLE AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH GARDENS FL
City & State
PALM BEACH GARDENS FL4. FEI Number
65-0884691
Applied For
Not ApplicableZip
334105419
Country
Zip
334105419
Country5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**LEA RICHARD T
12616 NW 18TH PLACE
CORAL SPRINGS FL 33071
US**7. Name and Address of New Registered Agent**Name
LEA KIMBERLY K
Street Address (P.O. Box Number is Not Acceptable)
9762 HONEYSUCKLE AVENUE
City
PALM BEACH GARDENS FL
Zip Code
334105419

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 **KIMBERLY K. LEA****04/27/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LEA KIMBERLY K	
STREET ADDRESS	9762 HONEY SUCKLE AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEA RICHARD T	
STREET ADDRESS	9762 HONEY SUCKLE AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TOWNSEND LINDA	
STREET ADDRESS	12616 NW 18TH PLACE	
CITY-ST-ZIP	POMPAÑO BEACH FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VPD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	LEA RICHARD T	9762 HONEY SUCKLE AVE	WEST PALM BEACH FL 33410519	
	PSTD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	LEA KIMBERLY KMRS.	9762 HONEYSUCKLE AVENUE	PALM BEACH GARDENS FL 334105419	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kimberly K. Lea**PSTD 04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)