

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000000171
 1. Entity Name
PROFESSIONAL NETWORKING SERVICES CORPORATION

Principal Place of Business 12616 NW 18TH PLACE POMPANO BEACH FL 33071	Mailing Address 12616 NW 18TH PLACE POMPANO BEACH FL 33071
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2. Principal Place of Business 9762 HONEYSUCKLE AVENUE Suite, Apt. #, etc.	3. Mailing Address 9762 HONEYSUCKLE AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS FL
Zip 334105419	Country

4. FEI Number 65-0884691	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 DATE 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 State

10. 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	POMPANO 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			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEA RICHARD T		
STREET ADDRESS	9762 HONEY SUCKLE AVE		
CITY-ST-ZIP	WEST PALM BEACH FL 33410519		
TITLE	PSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEA KIMBERLY KMRS.		
STREET ADDRESS	9762 HONEYSUCKLE AVENUE		
CITY-ST-ZIP	PALM BEACH GARDENS FL 334105419		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Kimberly K. Lea PSTD 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)