

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000040719**

1. Entity Name

EREFERRAL COMMUNICATIONS NETWORK, INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90120 013 ***150.00

Principal Place of Business

~~10402 NW 56 DR~~
CORAL SPRINGS FL 33076

Mailing Address

~~10402 NW 56 DR~~
CORAL SPRINGS FL 33076

2. Principal Place of Business

7189 Chesapeake CR
Suite, Apt. #, etc.

3. Mailing Address

7189 Chesapeake CR
Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach FL

Zip

33434

Country

USA

Zip

33434

Country

USA4. FEI Number **65-0921047**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TOBIN, RICHARD D ESQ.
200 SOUTHEAST 18TH COURT
FORT LAUDERDALE FL 33316

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP
PS	SUSAN KYLE, NORA	10402 NW 56 DR 7189 Chesapeake CR.	CORAL SPRINGS FL 33076 Boynton Beach FL 33434

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
V	KYLE, CHESTER J JR	10402 NW 56 DR 7189 Chesapeake CR.	CORAL SPRINGS FL 33076 Boynton Beach FL

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)