FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 24, 2002 8:00 am Secretary of State P99000040719 DOCUMENT # 1. Entity Name EREFERRAL COMMUNICATIONS NETWORK, INC. Principal Place of Business Mailing Address 7189 CHESAPEAKE CIRCLE 7189 CHESAPEAKE CIRCLE **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0921047 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOBIN, RICHARD D ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTHEAST 18TH COURT FORT LAUDERDALE FL 33316 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 TITLE ☐ Delete TITLE NORA SUSAN Kyle SUSAN KYLE, NORA NAME 7189 CHESADEAKE CIRCLE 7189 CHESAPEAKE CIRCLE STREET ADDRESS STREET ADDRESS BOYNTON-BEACH FL 33436- (\* CITY-ST-ZIP Buyton Beach, FL 33436 CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE KYLE, CHESTER J JR NAME NAME 7189 CHESAPEAKE GIRCLE STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33436 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT Change Jennifer RI+Z 233 W Coral Trave Circle Deiray Pract, FL 33445 Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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