

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068006

1. Entity Name

PREFERRED SERVICES NETWORK, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90273 028 ***150.00

Principal Place of Business

% WESLEY JAMES LASHER
14460 SW 162 STREET
MIAMI FL 33177

Mailing Address

% WESLEY JAMES LASHER
14460 SW 162 STREET
MIAMI FL 33177

C0053523



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

307 VISTA ISLE DR

Suite, Apt. #, etc.

3. Mailing Address

307 VISTA ISLE DR

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33325

Country

Zip

Country

4. FEI Number 65-0939317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASHER, WESLEY J
14460 SW 162 STREET
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

WESLEY JAMES LASHER

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

307 VISTA ISLE DR

City

SUNRISE, FL

Zip

33325

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.

WESLEY James Lasher VD

(NOTE: Registered Agent signature required when re-instating)

4/23/01

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	PD	<input type="checkbox"/> Delete
NAME	LASHER, ANA C	
STREET ADDRESS	14460 SW 162 STREET	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LASHER, WESLEY J	
STREET ADDRESS	14460 SW 162 STREET	
CITY-ST-ZIP	MIAMI FL 33177	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASHER, ANA C	ADDRESS
STREET ADDRESS	307 VISTA ISLE DR	
CITY-ST-ZIP	SUNRISE, FL 33325	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASHER, WESLEY J	ADDRESS
STREET ADDRESS	307 VISTA ISLE DR	
CITY-ST-ZIP	SUNRISE, FL 33325	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WESLEY James Lasher VD

Date

Daytime Phone #

CR2E034 (10/00)