

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90070 025 ***150.00

004461 AV

DOCUMENT # P99000085347

1. Entity Name
EXECUTIVE SERVICES NETWORK, INC.



Principal Place of Business
**4227 CARNWATH RD
TALLAHASSEE FL 32303**

Mailing Address
**4227 CARNWATH RD
TALLAHASSEE FL 32303**

10050926



2. Principal Place of Business
803 E. 7th Avenue

3. Mailing Address
P.O. Box 3024

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number
59-3602285

Applied For
☐ Not Applicable

Zip
32303 Country
USA

Zip
32315-3024 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLINS, SUE C
4227 CARNWATH RD
TALLAHASSEE FL 32303**

Name
COLLINS, SUE C.

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

803 E. 7th Avenue

City
TALLAHASSEE FL Zip
32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sue C Collins, SUE C. Collins, President 4/2/03**
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, SUE C 4227 CARNWATH RD TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WYNN, SHARON 420 E PARK AVE TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, BERTHA A 4227 CARNWATH RD TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TILLMAN, LANA J P O BOX 16454 PLANTATION FL 33318	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, SUE C. 803 E. 7th Ave., TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WYNN, SHARON 803 E. 7th Ave., TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jenkins, Bertha A. 3207 Henderson Mill Rd, B-5 Chamblee, GA. 32314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SUE C. COLLINS, President 4/1/03 (404) 463-9411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)