

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0361289
 AV

DOCUMENT # P99000111687

1. Entity Name

INTERNATIONAL NETWORK GROUP, INC.

03-20-2002 90049 005 ***150.00

Principal Place of Business
300 US HIGHWAY ONE 400
NORTH PALM BEACH FL 33408

Mailing Address
13257 TANGERINE BV
WEST PALM BEACH FL 33412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11300 US Hwy One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

City & State

North Palm Beach, FL

Zip

Country

Zip

Country

33408

4. FEI Number

59-3621006

Applied For

Not Applicable

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

REYNOLDS, JOHN D
300 US HIGHWAY ONE 400
NORTH PALM BEACH FL 33408

Name **Reynolds, John D**
 Street Address (P.O. Box Number is Not Acceptable)
11300 US Hwy One
Ste 400
 City **North Palm Beach** **FL** Zip Code **33408**

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

3/2/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPD** ☐ Delete
 NAME **REYNOLDS, JOHN D**
 STREET ADDRESS **300 US HIGHWAY ONE 400**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **CPD** ☒ Change ☐ Addition
 NAME **Reynolds, John D**
 STREET ADDRESS **11300 US Hwy One, Ste 400**
 CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **ST** ☐ Delete
 NAME **CHASE, JEAN A**
 STREET ADDRESS **13257 TANGERINE BV**
 CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **MACDERMOTT, MICHAEL**
 STREET ADDRESS **3171 TOPPINGTOWN DR**
 CITY-ST-ZIP **BEVERLY HILLS CA 90046**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02
 Date Daytime Phone #

CR2E034 (9/01)