

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90189 043 ***150.00

0153412 AV

DOCUMENT # S05175

1. Entity Name
PSYCH NET, INC.

Principal Place of Business
9950 STIRLING ROAD, SUITE 107
COOPER CITY FL 33024

Mailing Address
9950 STIRLING ROAD, SUITE 107
COOPER CITY FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0224720**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOOLFSTEAD, JAY S.
620 STANTON DRIVE
SUITE 107
FT. LAUDERDALE FL 33326

7. Name and Address of New Registered Agent

Name **Jay S. Woolfstead**
 Street Address (P.O. Box Number is Not Acceptable) **9950 Stirling Rd**
#107
 City **Cooper City** **FL** Zip **33024**

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **MANN, DOUGLAS S.**
STREET ADDRESS **418 PLAIN STREET**
CITY-ST-ZIP **WALSBURG CO 81089**

TITLE **PVPT** ☐ Delete
NAME **WOOLFSTEAD, JAY S**
STREET ADDRESS **620 STANTON DRIVE**
CITY-ST-ZIP **WESTON FL**

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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: Jay S. Woolfstead
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02
 Date

436-8326
 Daytime Phone #

CR2E034 (9/01)