## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P93000011967

1. Entity Name AUDITEL, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90161 035 \*\*\*150.00

rincipal Place of Business D40 FULLERS CROSS RD JINTER GARDEN FL 34787 S		1040 i	Mailing Address 1040 FULLERS CROSS ROAD WINTER GARDEN FL 34787 US								
Principal Pl	ace of Business	3. Mail	3. Mailing Address								
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	)	City	City & State			4. 1	FEI Number 59-316586	<u></u>		pplied For ot Applicable	
Zip	Country	Zip	1			5. (	5. Certificate of Status Desired			ditional	
	6 Name and Addre	ess of Current Registere				7. Name and Address of New Registered Agent					
CLEVENT	S, BARBARA S.	or our control of			Name						
	ERS CROSS ROAD					Street Address (P.O. Box Number is Not Acceptable)					
	ARDEN FL 34787	±. ■						-			
	<u>.</u>	्र इ.			City	•		FL	Zip Cod	de	
the obligati	ons of registered agent					registered ag	gent, or both, in the State of	Florida. I am fa	miliar with	, and accept	
After take Check	LE NOW!!! FEE IS May 1, 2003 Fee wil Payable to Florida [	ll be \$550.00 Department of State				٨٥	9. Election Campaign Trust Fund Contribu	ution.	Adde	OO May Be od to Fees	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR