

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91679 001 ***150.00
05-28-2002 91679 002 *****8.75

DOCUMENT # **P94000041627** ✓

1. Entity Name
TEF Communications, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1306 SE 15th Terrace
Suite, Apt. #, etc.

3. Mailing Address
1306 SE 15th Ter
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cape Coral, FL
Zip
33990
Country
Lee

City & State
Cape Coral, FL
Zip
33990
Country
Lee

4. FEI Number
65-0501063
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Bill Jennings**
Street Address (P.O. Box Number is Not Acceptable)
1822 Drew St
Suite 8
City **Clearwater** **FL** Zip Code **34625**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

P/V P
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Edward J. Gibson
1306 SE 15th Ter
Cape Coral, FL 33990

S/T
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Faith A. Gibson
1306 SE 15th Ter
Cape Coral, FL 33990

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

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

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward J. Gibson** **Faith A. Gibson S/T** **5-1-02 (239) 458-2855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)