

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90033 022 ***158.75

DOCUMENT # P94000051238

1. Entity Name
THE PHONE COMPANY, INC.

Principal Place of Business 997 W KENNEDY BLVD SUITE A25 ORLANDO FL 32810	Mailing Address 997 W KENNEDY BLVD SUITE A25 ORLANDO FL 32810
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3254505 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAVELLE, PATRICIA
 997 W KENNEDY BLVD
 SUITE A25
 ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	LAVELLE, PATRICIA	997 W KENNEDY BLVD A25	ORLANDO FL 32810	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **P.A. Lavelle, D** **1/4/01** **660-9542**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE