

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

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

03-28-2002 90004 047 ***150.00

DOCUMENT # **389087** ✓
1. Entity Name
ANSWER ALL Telephone Secretarial Service Inc

101103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6453 S. ORANGE AVE Suite, Apt. #, etc.		3. Mailing Address 1270 HARBOUR ISL RD Suite, Apt. #, etc.	
City & State ORLANDO Florida		City & State ORLANDO Florida	
Zip 32809	Country ORANGE	Zip 32809	Country ORANGE

4. FEI Number
59-1360585

Applied For	
Not Applicable	

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

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IN THIS SPACE**

7. Name and Address of Current 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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUELLER GLENN C. 1270 HARBOUR ISL RD ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MUELLER JO ANN 1270 HARBOUR ISL RD ORLANDO FL
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CR2E034B (12/01)

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: *GC Mueller* **3-5-02** **401-859-4897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #