

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0018979 AB

02 APR 25 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **B98000000065**

1. Entity Name

**CONTEL COMMUNICATIONS, L.P.**

Principal Place of Business

Mailing Address

**2444 SOLOMONS ISLAND ROAD, SUITE 202  
ANNAPOLIS MD 21401**

**2444 SOLOMONS ISLAND ROAD, SUITE 202  
ANNAPOLIS MD 21401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**52-2062017**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYES, ROY E JR.  
7281 SUNSHINE GROVE ROAD  
BROOKSVILLE FL 34614**

Name

**Roy E. Hayes, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**c/o Constel Communications, L.P. / Chalet North**

**1800 Alpine Drive**

City

**Apopka**

**FL**

Zip Code  
**32703**

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

**4/22/2002**

DATE

Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions  
as Shown on record.

**\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F98000000083**  
NAME **CR COMMUNICATIONS, INC.**  
STREET ADDRESS **2444 SOLOMONS ISLAND ROAD, SUITE 202**  
CITY-ST-ZIP **ANNAPOLIS MD 21401**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

**4/22/2002**

**410-266-9393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)