

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004788

1. Entity Name

EASTERN TELEPHONE SYSTEMS, INC.

Principal Place of Business

1300 VIRGINIA DRIVE #220
FT. WASHINGTON PA 19034
US

Mailing Address

C/O F. M. DANVERIO
P.O. BOX 592
MEDFORD NJ 08055

2. Principal Place of Business

1300 VIRGINIA DRIVE

Suite, Apt. #, etc.

SUITE 330

3. Mailing Address

1300 VIRGINIA DRIVE

Suite, Apt. #, etc.

SUITE 330

City & State

FORT WASHINGTON PA

City & State

FORT WASHINGTON PA

Zip

19034

Country

USA

Zip

19034

Country

USA

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	STRAW, ROBERT	
STREET ADDRESS	1300 VIRGINIA DR., #220	
CITY-ST-ZIP	FT WASHINGTON PA 19034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DALZELL-STRAW, SHARON	
STREET ADDRESS	1300 VIRGINIA DR., #220	
CITY-ST-ZIP	FT WASHINGTON PA 19034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90096 018 ***550.00

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DO NOT WRITE IN THIS SPACE

4. FEI Number

23-2216998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (5/00)