

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001753

1. Entity Name

CEO TELECOMMUNICATIONS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90796 008 ***150.00

Principal Place of Business

Mailing Address

12440 FIRESTONE BLVD.
STE 3000
NORWALK CA 90650

12440 FIRESTONE BLVD.
STE 3000
NORWALK CA 90650-4368

2. Principal Place of Business

223 E. DE LA GUERRA ST.

3. Mailing Address

223 E. DE LA GUERRA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SANTA BARBARA CA

City & State

SANTA BARBARA CA

4. FEI Number

95-4286910

Applied For

Not Applicable

Zip

Country

93101 USA

Zip

Country

93101 USA

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$150.00
After MAY 1, 2000 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 PD CASEY, MARY ☐ Delete
STREET ADDRESS 12440 FIRESTONE BLVD., STE 3000
CITY-ST-ZIP NORWALK CA 90650

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 223 E. DE LA GUERRA ST.
CITY-ST-ZIP SANTA BARBARA CA 93101

TITLE NAME SD ENOS, KELLY ☐ Delete
STREET ADDRESS 12440 FIRESTONE BLVD., STE 3000
CITY-ST-ZIP NORWALK CA 90650

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 223 E. DE LA GUERRA ST.
CITY-ST-ZIP SANTA BARBARA CA 93101

TITLE NAME AS MAYE, KATHLEEN ☐ Delete
STREET ADDRESS 12440 FIRESTONE BLVD., STE 3000
CITY-ST-ZIP NORWALK CA 90650

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS Mayer, Kathleen
CITY-ST-ZIP 223 E. DE LA GUERRA ST.
SANTA BARBARA CA 93101

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Kathleen Mayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)