

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90117 015 ***150.00

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1. Entity Name
AMTEL NETWORK, INC.

Principal Place of Business
**919 DILWORTH ST
ST MARYS GA 31558**

Mailing Address
**919 DILWORTH ST
ST MARYS GA 31558**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2030763**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REILLY, GORDON R
1287 AVONDALE AVENUE
JACKSONVILLE FL 32205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** Delete
NAME **WESTBERRY, WYMAN**
STREET ADDRESS **203 E DILLINGHAM ST**
CITY-ST-ZIP **ST MARYS GA 31558**

TITLE **DIRECTOR ONLY** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** Delete
NAME **SPANGLER, ROBERT E**
STREET ADDRESS **3998 1ST AVENUE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** Delete
NAME **REILLY, GORDON R**
STREET ADDRESS **1287 AVONDALE AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **MARINO, CHARLES J**
STREET ADDRESS **111 SPRING HILL COURT**
CITY-ST-ZIP **KINGSLAND GA 31548**

TITLE **DIRECTOR / VICE PRESIDENT** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **LANGDON, RACHEL A**
STREET ADDRESS **210 MILLERS TRACE DR**
CITY-ST-ZIP **SAINT MARYS GA 31558**

TITLE **DIRECTOR / TREASURER** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

RACHEL A. LANGDON 2/4/03 (912) 673-6000
Date Daytime Phone #

CR2E034 (10/02)