

FILED
Aug 16, 2001 8:00 am
Secretary of State

07-05-2001 90011 006 ***150.00

08-16-2001 90003 014 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002158

1. Entity Name

STORMTEL, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3545 UNIVERSAL PLAZA

3. Mailing Address

3545 UNIVERSAL PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLIDAY, FLORIDA

City & State

HOLIDAY, FLORIDA

4. FEI Number

650759103

Applied For

Not Applicable

Zip

34652

Country

USA

Zip

34652

Country

USA

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

6. Name and Address of Current Registered Agent

JAMES R. BELKER

2 N. FERNWOOD, UNIT 19

CLEARWATER, FL 33765

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 releasing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEES \$150.00
After MAY 15, 2001! 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

TITLE NAME **DAMIAN FREEMAN (P.D.)** ☐ Delete
 STREET ADDRESS **2624 W. GRAND RESERVE #727**
 CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE NAME **JAMES R. BELKER (T)** ☐ Delete
 STREET ADDRESS **2 N. FERNWOOD, UNIT 19**
 CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (11/00)