## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State DOCUMENT # F97000002158 1. Entity Name 05-27-2002 90312 032 \*\*\*150.00 STORMTEL, INC. Principal Place of Business Mailing Address 3545 UNIVERSAL PLAZA 3545 UNIVERSAL PLAZA HOLIDAY FL 34652 863918 HOLIDAY FL 34652 US US 2. Principal Place of Business 2502 N. Rocky Point A 3. Mailing Address 2502 N. Ruchy Point Dr Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0759103 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agents BECKER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 2 N. FERNWOOD UNIT 19 **CLEARWATER FL 33765** Zip Code City Fi 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME FREEMAN, DAMIAN NAME STREET ADDRESS STREET ADDRESS 2624 W. GRAND RESERVE #727 CITY-ST-ZIP CITY-ST-ZIE **CLEARWATER FL 33759** Change TITLE ☐ Delete TITI F ☐ Addition NAME NAME BECKER, JAMES R STREET ADDRESS 2 N. FERNWOOD UNIT 19 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** Délété > Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 4-30-02 \$/3-287-/849 Date Daytime Phone #

Signat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR