

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90414 004 ***158.75

DOCUMENT # F97000003415

1. Entity Name
TELANTIS CORPORATION

Principal Place of Business

**12511 WORLD PLAZA LANE
 FORT MYERS FL 33907
 US**

Mailing Address

**12511 WORLD PLAZA LANE
 FORT MYERS FL 33907
 US**

2. Principal Place of Business

**2180 IMMOKALEE RD
 SUITE 311**

3. Mailing Address

**2180 IMMOKALEE RD
 SUITE 311**

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number

65-0751936

Applied For

Not Applicable

Zip
34110

Country
US

Zip
34110

Country
US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ACCIPITER II, INC.
 12511 WORLD PLAZA LANE
 FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name
ACCIPITER II CORP
 Street Address (P.O. Box Number is Not Acceptable)
2180 IMMOKALEE RD SUITE 311
 City
NAPLES FL Zip Code
34110

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

Gerald J. Gabriel
GERALD J. GABRIEL

PRES

4/18/02

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	CD MEYERSON, ROBERT F 791 WYE RD AKRON OH 44333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MURPHY, ELIZABETH 791 WYE ROAD AKRON OH 44333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DYER, RICHARD W 791 WYE RD. AKRON OH 44333	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MEYERSON, DAVIO W 791 WYE RD. AKRON OH 44333	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D.T GERALD J. GABRIEL 791 WYE RD AKRON, OH 44333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ELIZABETH S. MURPHY 791 WYE RD AKRON, OH 44333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX V.P., ASST S GREGORY J. CHAMBERS 791 WYE RD AKRON, OH 44333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Gerald J. Gabriel
GERALD J. GABRIEL

PRES

4/18/02

Date

(330) 666-6380

Daytime Phone #

CR2E034 (9/01)