

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90107 017 ***158.75

DOCUMENT # **F97000004321**

1. Entity Name
TELANTIS VENTURE PARTNERS V, INC.

Principal Place of Business 12511 WORLD PLAZA LANE FT. MYERS FL 33907	Mailing Address 12511 WORLD PLAZA LANE FT MYERS FL 33907 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2180 IMMOKALEE RD Suite, Apt. #, etc. SUITE 311 City & State NAPLES FL	3. Mailing Address 2180 IMMOKALEE RD Suite, Apt. #, etc. SUITE 311 City & State NAPLES FL
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4. FEI Number 65-0761765	Applied For <input type="checkbox"/> Not Applicable
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Zip 34110	Country USA	Zip 34110	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ACCIPITER II, INC. 12511 WORLD PLAZA LANE FT. 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
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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 Pres DATE 4/10/02
Signer **GERALD J. GABRIEL** (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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MEYERSON, ROBERT F 791 WYE RD AKRON OH 44333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D 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 MURPHY, ELIZABETH S 791 WYE ROAD AKRON OH 44333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, T, D ALEX L. CSISZAR 791 WYE RD AKRON, OH 44333 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC DYER, RICHARD W 791 WYE RD AKRON OH 44333 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSIS. S, ASSIS. T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELINOR M. CULOTTA 791 WYE RD AKRON, OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MEYERSON, DAVID W 791 WYE RD AKRON OH 44333 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOREK, KATHY J 791 WYE RD. AKRON OH 44333 <input checked="" type="checkbox"/> Delete	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"/> Delete	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 Pres DATE 4/8/02 330-666-6380
Signature of Registered Agent or Director Date Daytime Phone #
GERALD J. GABRIEL

CR2E034 (9/01)