

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90097 006 ***150.00

DOCUMENT # F97000005203

1. Entity Name: **SELTRONICS EYRETEL, INC.**

Principal Place of Business

**11720 BELTSVILLE DR
 SUITE 300
 CALVERTON MD 20705
 US**

Mailing Address

**11720 BELTSVILLE DR
 SUITE 300
 CALVERTON MD 20705
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1919429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 reinstating)

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 **\$5.00** May Be
 Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LACEY, STACEY	
STREET ADDRESS	3 HORSHAM GATES NORTH ST	
CITY-ST-ZIP	WEST SUSSEX RH13 5PJ	
TITLE	P	<input type="checkbox"/> Delete
NAME	KEENAN, ROGER	
STREET ADDRESS	3 HORSHAM GATES, NORTH ST	
CITY-ST-ZIP	WEST SUSSEX RH13 5PJ	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCCALL, SHAILA	
STREET ADDRESS	11720 BELTSVILLE DR	
CITY-ST-ZIP	CALVERTON MD 20705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daryl Patton	
STREET ADDRESS	Kings Court Kingston Road	
CITY-ST-ZIP	Leatherhead Surrey KT22 7SZ	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kings Court Kingston Road	
STREET ADDRESS	Leatherhead Surrey KT22 7SZ	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Shaila McCall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2902

CR2E034 (9/01)