## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800000216 1. Entity Name COMMUNISATIONS BILLING, INC.							ñ	SECRE	FILE TARY	NE S	TATE RATION	S
Principal Place of Business Mailing Address								OO SEF	<sup>2</sup> 15	PH :	2: 48	
19645 DETROIT ROAD 19645 DETROIT ROAD								<b>Q Q Q Q Q Q Q Q Q Q</b>				
#295 ROCKY RIVER FL 44116 ROCKY RIVER FL 44116								עטטע				
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2. Principal P	+											
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Suite, Apt. #, etc.				-			DO NO	FWRITE IN TI	HIS SPACE	Ē		
City & State City & State				_		4. FEI Numb	xer 3.4-19	50965		Ap	plied For	
	Rocky River OH Rocky River							<del>~~</del>	, <u> </u>		t Applicable	븨
1 -	Zip Country Zip 44116		Country	y S: <b>A</b>		5. Certificate	of Status Des	ired		5 Add equired		
	6. Name and Address of Current Re			Name		7. Name an	Address of I	law Register	ed Agent			7
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BLANTON, EDWIN F 825 THOMASVILLE ROAD				Street Address (P.O. Box Number is Not Acceptable)								
TALLAHASSEE FL 32303						<del></del>		·				1
,			ŀ	City			_	······································	<b>EL</b> Zi	p Code		$\dashv$
								<u>-</u>				4
. The above	named entity submits this statement for t	he purpose of changing its re	gistered	1 Ourice or	e18321291	d agent, or bo	om, in the State	or Florida.				1
SIGNATURE .				_		_						
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	legistered /	Agent signetu	ne required w	hen reinstating)		DA	TE.			4
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax filing requirement and elects to do so.  See criteria on back)  Tax filing requirement and elects to do so.  Make Check Payable to De					be \$750.	00'' Tr	ection Campai ust Fund Contr				May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.				/CHANGES TO	OFFICERS	AND DIRE	CTORS	(N 11	٦,
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STREET ADORESS	MAROON, COURTNEY A				1984							ŀ
CITY-ST-ZIP	ROCKY RIVER OH 44116				ROCKY	River	OH 44	160				<u>.</u>
TITLE	VSVC	🔼 Delete	TITLE	· .	ĺ		3000	<u> 10#4</u>	F □ <b>y</b> ₽9		Addition	- 3
NAME Street adoress	BETHUNE, AMANDA 32263 PLUMBROOK COURT		NAME STREET	ADORESS			-	****	0 <i>24</i> /-0:		:UZ; *550.0	ъh
CITY-ST-ZIP	AVON-LAKE OH-44012		CITY-S	T-ZIP _			<u> </u>				<u> </u>	4
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NAME STREET ADDRESS			3 ·	ADDRESS			3000	)034 09/28/(	/U.S.2 1001	_;;;  Ω7Ω	-3 027	1
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CATY-S	T-ZIP		_		<del>****</del> [2]	) <u>.00</u>	***	*550.C	坤
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NAME Street address			NAME Street	ADDRESS								
CITY-ST-ZIP			CITY-S	T-ZIP								4
TITLE		☐ Delate	TITLE						☐ Ch	ange	☐ Addition	1
NAME STREET ADDRESS			WANNE STREET	ADDRESS								-
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13. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is tr	nis filing does not qualify for the ue and accurate and that my	ne exem signatur	ption state re shall he	ed in Section of the	tion 119.07(3) me legal effe	(i), Florida Stat ct as if made u	utes. I further nder oath; the	certify that	the in	formation or director	
13. I hereby certify that the information supplied with this filling 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 43 or Block 12 if changed, or on an attachment with all other like empowered.												
SIGNATURE: SIGNATURE SIGNATURE OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylors Prome Daylors												
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