

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003163

1. Entity Name

ETS PAYPHONES, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90001 014 ***550.00

Principal Place of Business

561 THORNTON ROAD, SUITE K
LITHIA SPRINGS GA 30122

Mailing Address

561 THORNTON ROAD, SUITE K
LITHIA SPRINGS GA 30122

2. Principal Place of Business

1490 WESTFORK DRIVE

Suite, Apt. #, etc.

SUITE G

City & State

LITHIA SPRINGS GA

3. Mailing Address

1490 WESTFORK DRIVE

Suite, Apt. #, etc.

SUITE G

City & State

LITHIA SPRINGS GA

Zip

30122

Country

DOUGLAS

Zip

30122

Country

DOUGLAS

4. FEI Number

58-2131736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ETS PAYPHONES OF FLORIDA, INC.
230 PARNELL ST.
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name

N/A SAME

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: N/A

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME EDWARDS, CHARLES E
STREET ADDRESS 561 THORNTON ROAD, SUITE K
CITY-ST-ZIP LITHIA SPRINGS GA 30122 ☒ Delete

TITLE S
NAME SHEPLER, JOAN
STREET ADDRESS 561 THORNTON ROAD, SUITE K
CITY-ST-ZIP LITHIA SPRINGS GA 30122 ☐ Delete

TITLE CFO
NAME COMMITO, MARIO R
STREET ADDRESS 561 THORNTON ROAD, SUITE K
CITY-ST-ZIP LITHIA SPRINGS GA 30122 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME BLYTH, JAMES D.
STREET ADDRESS 1490 WESTFORK DR. SUITE G
CITY-ST-ZIP LITHIA SPRINGS, GA 30122 ☒ Change ☐ Addition

TITLE Same
NAME Same
STREET ADDRESS 1490 WESTFORK DR. SUITE G
CITY-ST-ZIP LITHIA SPRINGS, GA 30122 ☒ Change ☐ Addition

TITLE CFO
NAME KAUELKA, WALTER K.
STREET ADDRESS 1490 WESTFORK DR. SUITE G
CITY-ST-ZIP LITHIA SPRINGS, GA 30122 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Walter K. Kaudelka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(WALTER K. KAUELKA)

7/27/00
Date

(770) 819-1600
Daytime Phone #

CF2E034 (5/00)