

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90168 038 ***150.00

DOCUMENT # F98000003163

1. Entity Name
ETS PAYPHONES, INC.

Principal Place of Business

1490 THORNTON ROAD
SUITE G
LITHIA SPRINGS GA 30122

Mailing Address

1490 THORNTON ROAD
SUITE G
LITHIA SPRINGS GA 30122

2. Principal Place of Business

1490 Westfork DR.

3. Mailing Address

1490 Westfork DR.

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

Suite G

City & State

Lithia Springs GA

City & State

Lithia Springs GA

Zip

30122

Country

USA

Zip

30122

Country

USA



DO NOT WRITE IN THIS SPACE

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

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE, SUITE 1114
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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 Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **BLYTH, JAMES D**
STREET ADDRESS **1490 WESTFORK DR. SUITE G**
CITY-ST-ZIP **LITHIA SPRINGS GA 30122**

TITLE **SP** ☒ Delete
NAME **BLYTH, JAMES D**
STREET ADDRESS **1490 WESTFORK DR STE G**
CITY-ST-ZIP **LITHIA SPRINGS GA 30122**

TITLE **CFO** ☐ Delete
NAME **MCCLELLAN, MICHAEL**
STREET ADDRESS **1490 WESTFORK DR. SUITE G**
CITY-ST-ZIP **LITHIA SPRINGS GA 30122**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition
NAME **Guy Longobardo**
STREET ADDRESS **1490 Westfork Dr Suite G**
CITY-ST-ZIP **Lithia Springs, GA 30122**

TITLE **Sec** ☒ Change ☐ Addition
NAME **Guy Longobardo**
STREET ADDRESS **1490 Westfork Dr Suite G**
CITY-ST-ZIP **Lithia Springs, GA 30122**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael McClellan
CFO

Date

01-25-02

Daytime Phone #

770-819-1400

CR2E034 (9/01)