

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006310

1. Entity Name

CITY-LINK TELECOMMUNICATIONS, INC.

Principal Place of Business

723 EAGLE WAY  
FRUIT HEIGHTS UT 84037

Mailing Address

723 EAGLE WAY  
FRUIT HEIGHTS UT 84037

2. Principal Place of Business

447 N. 300 W.

3. Mailing Address

PO Box 77

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kaysville UT

City & State

Kaysville UT

Zip

84037

Country

USA

Zip

84037

Country

USA

4. FEI Number

84-1430442

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONNOR, RICHARD D JR.  
955 SOUTH ORLANDO AVE.  
WINTER PARK FL 32789

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	MAYNES, KEITH	
STREET ADDRESS	P.O. BOX 138	
CITY-ST-ZIP	KAYSVILLE UT 84037	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MARRIOTT, TODD	
STREET ADDRESS	PO BOX 138	
CITY-ST-ZIP	KAYSVILLE UT 84037	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEEKS, E. NORDELL	
STREET ADDRESS	138 SOUTH MIAN STREET SUITE 320	
CITY-ST-ZIP	SALT LAKE CITY UT 84101	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

FILED  
Mar 28, 2002 8:00 am  
Secretary of State

03-28-2002 90177 005 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)