## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # F9900003204** 1. Entity Name TRUTEL, INC. 01-25-2001 90102 011 \*\*\*150.00 Principal Place of Business Mailing Address 186 FIRST OAK DRIVE 186 FIRST OAK DRIVE MABANK TX 75147 MABANK TX 75147 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 75-2757570 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMERON, ROBIN C Street Address (P.O. Box Number is Not Acceptable) 350 DOG TRACK ROAD LONGWOOD FL 32750 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT ☐ Change ☐ Addition X Delete TITLE ROBIN C. CAMERON 121 N. DEVON AVE. SANSOM, SHANNON E NAME 4705 MOSS ROSE STREET ADDRESS STREET ADDRESS CITY-ST-7IP 32.708 CITY-ST-ZIP FORT WORTH TX 76137 ☐ Addition X Delete TITLE SANSOM; JIMMY C NAME NAME STREET ADDRESS 4705 MOSS ROSE STREET ADDRESS FORT WORTH TX 76137 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change | ☐ Addition TITLE NAME NAME CAMERON, ROBIN C STREET ADDRESS 121 N. DEVON AVENUE STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE WALKER, LINDA G NAME NAME STREET ADDRESS STREET ADDRESS 1508-B MARYLAND DRIVE CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75061 Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP