

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

0626506 AT

DOCUMENT # F99000003204

1. Entity Name
TRUTEL, INC.

02-13-2002 90230 050 ***150.00

Principal Place of Business Mailing Address
186 FIRST OAK DRIVE 186 FIRST OAK DRIVE
MABANK TX 75147 MABANK TX 75147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **75-2757570** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMERON, ROBIN C
350 DOG TRACK ROAD
LONGWOOD FL 32750

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 _____ (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	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, ROBIN C	
STREET ADDRESS	121 N. DEVON AVE.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WALKER, LINDA G	
STREET ADDRESS	1508-B MARYLAND DRIVE	
CITY-ST-ZIP	IRVING TX 75061	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, LINDA G.	
STREET ADDRESS	1226 FORD ST.	
CITY-ST-ZIP	IRVING, TX 75061	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMERON, ROBIN C.	
STREET ADDRESS	1091 LYRIC RD.	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	S.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, PATSY R.	
STREET ADDRESS	186 FIRST OAK DR	
CITY-ST-ZIP	MABANK, TX 75147	
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		

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: *Linda G. Walker* **WALKER, LINDA G.** **1/28/02** **902-451-3879**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)