

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90112 007 ***150.00

0601304

DOCUMENT # F99000005097

1. Entity Name
SURETEL, INC.

Principal Place of Business
**5 NORTH MCCORMICK
 OKLAHOMA CITY OK 73127**

Mailing Address
**5 NORTH MCCORMICK
 OKLAHOMA CITY OK 73127**

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 **73-1498280**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name **CT Corporation**
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd
 City **Plantation** **FL** Zip Code **33324**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **DCEO** ☒ Delete
GAUNT, ROYCE
 STREET ADDRESS
 CITY-ST-ZIP **124 WEST VINITA
 SULPHUR OK 73086**

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

TITLE
 NAME **PD** ☐ Delete
BRIGHT, J B
 STREET ADDRESS
 CITY-ST-ZIP **124 WEST VINITA
 SULPHUR OK 73086**

TITLE
 NAME **President** ☒ Change ☐ Addition
David Miller
 STREET ADDRESS
 CITY-ST-ZIP **S N. McCormick
 Oklahoma City, OK 73127**

TITLE
 NAME **VD** ☒ Delete
BAKER, R. PHILLIP
 STREET ADDRESS
 CITY-ST-ZIP **5. N. MCCORMICK
 OKLAHOMA CITY OK 73127**

TITLE
 NAME **Tom Riley** ☒ Change ☐ Addition
S N. McCormick
 STREET ADDRESS
 CITY-ST-ZIP **Oklahoma City, OK 73127**

TITLE
 NAME **VD** ☒ Delete
HESTER, JACK
 STREET ADDRESS
 CITY-ST-ZIP **124 WEST VINITA
 SULPHUR OK 73086**

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

TITLE
 NAME **S** ☒ Delete
CHADWICK, JANE
 STREET ADDRESS
 CITY-ST-ZIP **124 WEST VINITA
 SULPHUR OK 73086**

TITLE
 NAME **CFO** ☒ Change ☐ Addition
Andrew Halko
 STREET ADDRESS
 CITY-ST-ZIP **S N McCormick
 Oklahoma City, OK 73127**

TITLE
 NAME **ASD** ☐ Delete
RILEY, TOM
 STREET ADDRESS
 CITY-ST-ZIP **5 NORTH MCCORMICK
 OKLAHOMA CITY OK 73127**

TITLE
 NAME **—** ☐ Change ☐ Addition
 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

Date

Daytime Phone #

CR2E034 (10/00)