

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90081 028 \*\*\*150.00

**DOCUMENT # F99000006108****1. Entity Name**  
**PHONECHARGE, INC.****Principal Place of Business****9 SCHOOL STREET**  
**GLEN COVE NY 11542****Mailing Address****58 SCHOOL STREET**  
**GLEN COVE NY 11542****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **11-3214844**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****BOBLEY, EDWARD**  
**835 CANARY WALK**  
**GULF STREAM FL 33483****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, 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	BOBLEY, PETER A	58 SCHOOL STREET	GLEN COVE NY 11542	<input type="checkbox"/>
V	HARMANN, VINCENT	58 SCHOOL STREET	GLEN COVE NY 11542	<input type="checkbox"/>
V	MEAKIN, VICTORIA	58 SCHOOL STREET	GLEN COVE NY 11542	<input type="checkbox"/>
T	STEWART, SANDE	58 SCHOOL STREET	GLEN COVE NY 11542	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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

1/17/01  
Date516-671-2121  
Daytime Phone #

CR2E034 (10/00)