

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J60061

1. Entity Name
CITY TELEPHONE COMPANY

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90293 015 ***150.00

Principal Place of Business

P.O. BOX 50125
LIGHTHOUSE POINT FL 33074

Mailing Address

P.O. BOX 50125
LIGHTHOUSE POINT FL 33074

2. Principal Place of Business

1131 E. COMMERCIAL BLVD
Suite, Apt. #, etc.
#100

3. Mailing Address

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

City & State

Zip

33334

Country

USA

Zip

Country

4. FEI Number

65-0104662

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

WHITAKER, PHIL
1131 E COMMERCIAL BLVD, #100
FORT LAUDERDALE FL 33334

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 *Phil Whitaker*

(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 ☐ Delete
NAME P
STREET ADDRESS WHITAKER, PHIL
CITY-ST-ZIP 4025 SW 15TH ST #E103
POMPANO BCH FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS WHITAKER, STEPHANIE
CITY-ST-ZIP 4025 SW 15TH ST #E103
POMPANO BCH FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)