

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011417

1. Entity Name
ONE SOURCE TELECOMMUNICATIONS CORPORATION

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90051 027 ***158.75

Principal Place of Business
**12171 HAMPTON GREENS COURT
FORT MYERS FL 33913**

Mailing Address
**12171 HAMPTON GREENS COURT
FORT MYERS FL 33913**

2. Principal Place of Business
**6900-29 DANIELS PARKWAY
Suite, Apt. #, etc.
#107**

3. Mailing Address
**6900-29 DANIELS PARKWAY
Suite, Apt. #, etc.
#107**

City & State
FORT MYERS, FL
Zip
33912
Country
USA

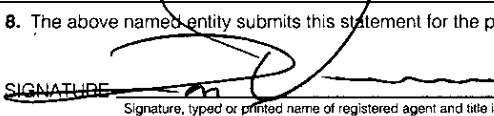
City & State
FORT MYERS, FL
Zip
33912
Country
USA

4. FEI Number
65-0978440
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GILBERT, JON
12171 HAMPTON GREENS COURT
FORT MYERS FL 33913**

7. Name and Address of New Registered Agent
Name
JON GILBERT
Street Address (P.O. Box Number is Not Acceptable)
**6900-29 DANIELS PARKWAY
#107**
City
FORT MYERS FL Zip Code
33912

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
1-18-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

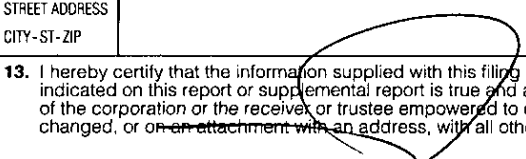
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
1-18-01

Daytime Phone #

CR2E034 (10/00)