

# 2002 UNIFORM BUSINESS REPORT (UBR)

7/1

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90374 009 \*\*\*550.00

**DOCUMENT # P00000022390**

1. Entity Name  
**SUPRETEL NETWORK INC.**

Principal Place of Business

**295 BARNES BLVD.  
 ROCKLEDGE FL 32955**

Mailing Address

**295 BARNES BLVD.  
 ROCKLEDGE FL 32955**

40119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1900 S. Harbor City Blvd**

3. Mailing Address

**PO Box 360997**

Suite, Apt. #, etc.

**Suite 122**

Suite, Apt. #, etc.

**#**

City & State

**Melbourne FL**

City & State

**Melbourne FL**

Zip

**32901**

Country

**USA**

Zip

**32936**

Country

**USA**

4. FEI Number

**59-3653404**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**O'BRIEN, JAMES M ESQ.  
 1686 W. HIBISCUS BLVD.  
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

**Richard Nichols**

Street Address (P.O. Box Number is Not Acceptable)

**1900 Harbor City Blvd, Ste 122**

City

**Melbourne**

FL

Zip Code

**32901**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**24 July 02**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JONES, BILLY J</b>	
STREET ADDRESS	<b>5773 NEWBURY CIRCLE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASON, RAYMOND K</b>	
STREET ADDRESS	<b>2022 HENDRICKS AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANDERSON, DELWYN D</b>	
STREET ADDRESS	<b>1414 GLENEAGLES WAY</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Richard Nichols</b>	
STREET ADDRESS	<b>8485 S. Tropical Trail</b>	
CITY-ST-ZIP	<b>Merrill Island, FL 32952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Robert A. Trevisani</b>	
STREET ADDRESS	<b>225 Franklin St.</b>	
CITY-ST-ZIP	<b>Boston, MA 02110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Richard Nichols</b>	
STREET ADDRESS	<b>1900 Harbor City Blvd, Ste 122</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32901</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)