

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90370 022 ***150.00

DOCUMENT # P00000037119

1. Entity Name
R-TELESOFT, INC.



Principal Place of Business
5916 APPIAN WAY
ORLANDO FL 32807

Mailing Address
5916 APPIAN WAY
ORLANDO FL 32807

2. Principal Place of Business
132 ROANN DR
Suite, Apt. #, etc.

3. Mailing Address
132 ROANN DR
Suite, Apt. #, etc.

City & State
OVIDO FL

City & State
OVIDO FL

4. FEI Number **59-3639442**

Applied For
Not Applicable

Zip **32765** **Country** **USA**

Zip **32765** **Country** **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MONTE, JAMES J
5916 APPIAN WAY
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name **MONTE, JAMES J**
Street Address (P.O. Box Number is Not Acceptable) **132 ROANN DR**
City **OVIDO** **FL** **Zip Code** **32765**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/26/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ **Delete**
NAME **MONTE, JAMES J**
STREET ADDRESS **5916 APPIAN WAY**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☐ **Delete**
NAME **KAREN L. MONTE**
STREET ADDRESS **132 ROANN DRIVE**
CITY-ST-ZIP **OVIDO, FL 32765**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ **Change** ☐ **Addition**
NAME **MONTE, JAMES J**
STREET ADDRESS **132 ROANN DR**
CITY-ST-ZIP **OVIDO FL 32765**

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **Karen L. Monte**
STREET ADDRESS **132 Roann Drive**
CITY-ST-ZIP **OVIDO, FL 32765**

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

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

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

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

12. 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 10 or Block 11 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

04/26/03 **407-977-0400**
Date **Daytime Phone #**

CR2E034 (10/02)