

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90093 036 ***150.00

DOCUMENT # P06000077068

1. Entity Name

E-MERGENT VOICE & DATA SERVICES INC.

DO NOT WRITE IN THIS SPACE

34562

2. Principal Place of Business

~~1027 PINE BRANCH DR.~~
Suite, Apt. #, etc.
1027 PINE BRANCH DR.

3. Mailing Address

~~1027 PINE BRANCH DR.~~
Suite, Apt. #, etc.
1027 PINE BRANCH, WESTON FL 33326

DO NOT WRITE IN THIS SPACE

City & State

WESTON FL

City & State

~~WESTON FL~~

4. FEI Number

65-1036144

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name ROBERT F. HALLAHAN

Street Address (P.O. Box Number is Not Acceptable)
1027 PINE BRANCH DR, WESTON FL 33326

~~1027 PINE BRANCH DR.~~

City ~~WESTON~~

FL

Zip Code ~~33326~~

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

4/25/02

DATE

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

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

~~1027 PINE BRANCH DR.~~
~~WESTON FL 33326~~
~~1027 PINE BRANCH DR.~~
~~WESTON FL 33326~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

COO
FRANK SALAMME
LADY FERN CIR. BOCA RATON
FL 33331

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT
ROBERT F. HALLAHAN
1027 PINE BRANCH DR.
WESTON FL 33326

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 703 887-2325

Date

Daytime Phone #

CR2E034B (12/01)