

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91739 026 ***150.00

DOCUMENT # P00000100582

1. Entity Name

GLOBAL DIALTONE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1167 SE CAMBRIDGE DR.
Suite, Apt. #, etc.

3. Mailing Address

1167 SE CAMBRIDGE DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

65 1050577

Applied For

Not Applicable

Zip 34952

Country USA

Zip 34952

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name VICTOR GRAHAM

Street Address (P.O. Box Number is Not Acceptable)
1167 SE CAMBRIDGE DR

City PORT ST. LUCIE FL

Zip Code 34952

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

(NOTE: Registered Agent signature required when reconstituting)

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 PRESIDENT
NAME VICTOR GRAHAM
STREET ADDRESS 1167 SE CAMBRIDGE DR
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE ~~HAZEL~~ DIRECTOR
NAME HAZEL GRAHAM
STREET ADDRESS 1167 SE CAMBRIDGE DR
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

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IN THIS SPACE**

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:

V. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/2001

Date

(561) 398-3378

Daytime Phone #

CR2E0348 (12/01)