

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90107 026 \*\*\*150.00

060378 AV

DOCUMENT # P00000100582

1. Entity Name  
GLOBAL DIALTONE, INC.



Principal Place of Business  
1167 S.E. CAMBRIDGE DRIVE  
PORT ST. LUCIE FL 34952

Mailing Address  
1167 S.E. CAMBRIDGE DRIVE  
PORT ST. LUCIE FL 34952



2. Principal Place of Business  
533 SE Nome Drive

3. Mailing Address  
P.O. Box 7912

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
Port St. Lucie, FL

City & State  
Port St. Lucie, FL

4. FEI Number 65-1050577

Applied For  
Not Applicable

Zip  
34984

Country  
USA

Zip  
34985-7912

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, VICTOR  
1167 SE CAMBRIDGE DR.  
PORT ST. LUCIE FL 34952

Name  
Graham, Victor  
Street Address (P.O. Box Number is Not Acceptable)  
533 SE Nome Drive  
City  
Port St. Lucie FL Zip Code  
34984

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 Graham, VICTOR GRAHAM, PRESIDENT

DATE 3/31/2003

**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  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRAHAM, VICTOR  
1167 SE CAMBRIDGE DR.  
PORT ST. LUCIE FL 34952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Victor Graham  
533 SE Nome Drive  
Port St. Lucie, FL 34984 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Hazel Graham  
533 SE Nome Drive  
Port St. Lucie, FL 34984 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: Graham, VICTOR GRAHAM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3/31/2003 772 344 5841  
Daytime Phone #

CR2E034 (10/02)