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FILED

Sep 10, 2003 8:00 am Secretary of State

09-10-2003 90068 011 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBP

DOCUMENT

P01000002942

1. Entity Name

ENTERPRISE TELECOM CONSULTING GROUP, INC.

				GOO WE THE				
Principal Place 1708 CYPRESS BELLEAIR FL 3	AVE	Mailing Address 1708 CYPRESS AVE BELLEAIR FL 33756		•		(
2. Principal Pla	ace of Business	3. Mailing Address				19 10: 78 0:11 00 :11 00: 11 1	[]B]B C]	H
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-368923	3	Applied Fo	
Zip Country		Zip Cou		try .	5. Certificate of Status Desired S8.75 Additional Fee Required		75 Additional	
	6Name and Address of Cu	rrent Registered Agent			7. Name and Address of New	Registered Ager	nt	
				Name			 	
NOLE, MICHAEL				01	- 1411 (DO D 14 17 17 17 17 17 17 17 17 17 17 17 17 17			
1708 CYPR	RESS AVE				Street Address (P.O. Box Number is Not Acceptable)			
BELLEAIR I							 	
DECEMBLE	L 00700			.				
				City		· FL	Zip Code	
8. The above n	named entity submits this statem	ent for the purpose of chang	ging its registere	ed office or registe	ered agent, or both, in the State of F	Torida. Lam famil	iar with, and acc	ept
the obligation	ons of registered agent.			•	•			.
SIGNATURE _s	Signature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstating)	DATE	 	
	E NOW!!! EEE 10 45-0 0							
	LE NOW!!! FEE IS \$550.0 tember 10, 2003 Fee will be	1	,		9. Election Campaign Financing \$5.00 May Be			3е
•	Payable to Florida Departme	· 1			Trust Fund Contributi	on. \square	Added to Fees	•
10.	·	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OF	EICERS AND DIE	ECTORS IN 11	
	D	Deleti		· · · · · ·	ADDITIONS/CHANGES TO CI		Change	ition ©
	NOLE, MICHAEL	□ Delet	NAM			ب	Change Aud	1 5
	ATOM CAMPEGO AND			ET ADDRESS				1 2
CITY-ST-ZIP BELLEAIR FL 33756				-ST-ZIP				E C
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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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

8/05/03 7275729469

☐ Change

☐ Change

☐ Addition

☐ Addition