

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000012089

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: FONESPLUS, INC.

Current Principal Place of Business:

4134 GULF OF MEXICO DRIVE SUITE 302
LONGBOAT KEY, FL 34228

New Principal Place of Business:

954 PAWSTAND ROAD
CELEBRATION, FL 34747

Current Mailing Address:

4134 GULF OF MEXICO DRIVE SUITE 302
LONGBOAT KEY, FL 34228

New Mailing Address:

954 PAWSTAND ROAD
CELEBRATION, FL 34747

FEI Number: 65-1087513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, GREGORY
4134 GULF OF MEXICO DRIVE SUITE 302
LONGBOAT KEY, FL 34228

Name and Address of New Registered Agent:

OWEN, GREGORY
954 PAWSTAND ROAD
CELEBRATION, FL 34747

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:

04/24/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OWEN, GREGORY
Address: 4134 GULF OF MEXICO DRIVE SUITE 302
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VD () Delete
Name: OWEN, KIM
Address: 4134 GULF OF MEXICO DRIVE SUITE 302
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OWEN, GREGORY
Address: 954 PAWSTAND ROAD
City-St-Zip: CELEBRATION, FL 34747

Title: VD (X) Change () Addition
Name: OWEN, KIM
Address: 954 PAWSTAND ROAD
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY OWEN

PD

04/24/2002

Electronic Signature of Signing Officer or Director

Date