

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90093 030 ***150.00

013791 AT

DOCUMENT # P01000054774

1. Entity Name

WILTEL COMMUNICATIONS, INC.



Principal Place of Business
**2119 NE VAN LOON TERR
CAPE CORAL FL 33909**

Mailing Address
**2119 NE VAN LOON TERR
CAPE CORAL FL 33909**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1105690**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HAGMANN, WILLIAM
2119 NE VAN LOON TERR
CAPE CORAL FL 33909**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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
**DP
HAGMANN, WILLIAM
2119 NE VAN LOON TERR
CAPE CORAL FL 33909** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

TO: FLORDIA DEPT. OF STATE
DIVISION OF CORPORATION

90146814
PO100054714

FROM: WITEL COMMUNICATIONS, INC

I AM WRITING IN REGARDS TO THE LETTER I RECEIVED STATEING I OWE
\$ 550.00 FEE TO FILE UNIFORM BUSINESS REPORT BECAUSE IT WAS LATE.
I TRIED TO CALL BUT YOUR VOICEMAIL DOES NOT GIVE THE OPTION TO
TALK TO ANYONE DUE TO SHORT STAFFING AND BUDGET CUT. THE
LETTER STATES I CAN WRITE A LETTER EXPLAINING I HAVE NOT
RECEIVED ANY NOTICES PROIR TO THIS LETTER. ENCLOSED IS THE CHECK
FOR \$150.00.

WITEL COMMUNICATION INC