

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90324 003 \*\*\*150.00

DOCUMENT # **P01000093171**

1. Entity Name

*Now Your Talking PCS Inc.*

**669849**

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*21625 Village Lake Shopping Center*  
Suite, Apt. #, etc.

3. Mailing Address

*21625 Village Lake Shopping Center*  
Suite, Apt. #, etc.

City & State

*Land O' Lakes FL*

City & State

*Land O' Lakes, FL*

4. FEI Number

*22-3828969*

Applied For

Not Applicable

Zip

*34639*

Country

*U.S.*

Zip

*34639*

Country

*U.S.*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*David Anderson*

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

*1301 S. Valrico Rd*

City

*Valrico*

**FL**

Zip Code

*33594*

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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 *David Anderson V.P.*

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

*David Anderson*

(NOTE: Registered Agent signature required when reinstating)

*5/1/02*

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

**OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President  
Robert Ekle  
2803 Bloomingdale ave  
Valrico - FL - 33594*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*V.P.  
David Anderson  
1301 S. Valrico Rd  
Valrico - FL - 33594*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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: *David Anderson V.P. David Anderson*

*5/1/02*

*(813) 789-6013*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)