

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90119 001 \*\*\*150.00

**DOCUMENT # P01000093315**

1. Entity Name  
**DIGITELUS INC.**

Principal Place of Business  
**832 SEAGRAPE DR.**  
**MARCO ISLAND FL 34145**

Mailing Address  
**832 SEAGRAPE DR.**  
**MARCO ISLAND FL 34145**

2. Principal Place of Business  
**683-A S. Collier Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**683-A S. Collier Blvd.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Marco Island FL**  
 Zip  
**34145**  
 Country  
**USA**

City & State  
**Marco Island FL**  
 Zip  
**FL 34145**  
 Country  
**USA**

4. FEI Number  
**65-1141736**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLY, PATRICIA**  
**3644 TOMLINSON ST.**  
**BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name  
**Barbara J Hemschoot**  
 Street Address (P.O. Box Number is Not Acceptable)  
**832 Seagrape Drive**  
 City  
**Marco Island** **FL** Zip Code  
**34145**

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 *Barbara J Hemschoot* **Barbara J Hemschoot**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/16/02**  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
**D** ☐ Delete  
 NAME  
**KELLY, PATRICIA**  
 STREET ADDRESS  
**3644 TOMLINSON ST.**  
 CITY-ST-ZIP  
**BONITA SPRINGS FL 34134**

TITLE  
☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
☐ Change ☐ Addition  
 NAME  
**Vice President/Director**  
**Barbara J Hemschoot**  
 STREET ADDRESS  
**832 Seagrape Drive**  
 CITY-ST-ZIP  
**Marco Island FL 34145**

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

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

TITLE  
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 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara J Hemschoot* **Barbara J Hemschoot VP** **4/16/02** **239-1612-3481**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)