

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90159 027 \*\*\*150.00

**DOCUMENT # P01000099645**

1. Entity Name  
**RIGHT PRICE LONG DISTANCE INC.**

Principal Place of Business <b>6220 SOUTH ORANGE BLOSSOM TRAIL          SUITE 320          ORLANDO FL 32809</b>	Mailing Address <b>6220 SOUTH ORANGE BLOSSOM TRAIL          SUITE 320          ORLANDO FL 32809</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>BONNALLIE, PAUL D          6220 SOUTH ORANGE BLOSSOM TRAIL          SUITE 320          ORLANDO FL 32809</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>CEO Paul Bonnalli 6220 S. Orange Blossom TR Orlando FL 32809</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)

ATTACHMENT  
960573

P01000099645

Form **SS-4**  
(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN \_\_\_\_\_  
OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested  
Right Price Long Distance Inc

2 Trade name of business (if different from name on line 1) \_\_\_\_\_ 3 Executor, trustee, "care of" name \_\_\_\_\_

4a Mailing address (room, apt., suite no. and street, or P.O. box) 6220 S. Orange Blossom Trail #320 5a Street address (if different) (Do not enter a P.O. box.) \_\_\_\_\_

4b City, state, and ZIP code Orlando, FL 32809 5b City, state, and ZIP code \_\_\_\_\_

6 County and state where principal business is located \_\_\_\_\_

7a Name of principal officer, general partner, grantor, owner, or trustor Paul Bonnallie 7b SSN, ITIN, or EIN \_\_\_\_\_

8a Type of entity (check only one box)  
 Sole proprietor (SSN) \_\_\_\_\_  
 Partnership \_\_\_\_\_  
 Corporation (enter form number to be filed) ▶ C  
 Personal service corp. \_\_\_\_\_  
 Church or church-controlled organization \_\_\_\_\_  
 Other nonprofit organization (specify) ▶ \_\_\_\_\_  
 Other (specify) ▶ \_\_\_\_\_  
 Estate (SSN of decedent) \_\_\_\_\_  
 Plan administrator (SSN) \_\_\_\_\_  
 Trust (SSN of grantor) \_\_\_\_\_  
 National Guard  State/local government  
 Farmers' cooperative  Federal government/military  
 REMIC  Indian tribal governments/enterprises  
Group Exemption Number (GEN) ▶ \_\_\_\_\_

8b If a corporation, name the state or foreign country (if applicable) where incorporated State FL Foreign country \_\_\_\_\_

9 Reason for applying (check only one box)  
 Started new business (specify type) ▶ \_\_\_\_\_  
 Banking purpose (specify purpose) ▶ \_\_\_\_\_  
 Changed type of organization (specify new type) ▶ \_\_\_\_\_  
 Purchased going business \_\_\_\_\_  
 Hired employees (Check the box and see line 12.) \_\_\_\_\_  
 Created a trust (specify type) ▶ \_\_\_\_\_  
 Compliance with IRS withholding regulations \_\_\_\_\_  
 Created a pension plan (specify type) ▶ \_\_\_\_\_  
 Other (specify) ▶ \_\_\_\_\_

10 Date business started or acquired (month, day, year) \_\_\_\_\_ 11 Closing month of accounting year \_\_\_\_\_

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) \_\_\_\_\_

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." Agricultural Household Other

14 Check one box that best describes the principal activity of your business.  
 Construction  Rental & leasing  Transportation & warehousing  Health care & social assistance  Wholesale-agent/broker  
 Real estate  Manufacturing  Finance & insurance  Accommodation & food service  Wholesale-other  Retail  
 Other (specify) \_\_\_\_\_

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No  
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
Legal name ▶ OneSet Price Inc Trade name ▶ \_\_\_\_\_

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) \_\_\_\_\_ City and state where filed Orlando FL Previous EIN \_\_\_\_\_

Third Party Designee  
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  
Designee's name \_\_\_\_\_ Designee's telephone number (include area code) \_\_\_\_\_  
Address and ZIP code \_\_\_\_\_ Designee's fax number (include area code) \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.  
Name and title (type or print clearly) ▶ Paul D Bonnallie CEO  
Signature ▶ [Signature] Date ▶ \_\_\_\_\_  
Applicant's telephone number (include area code) (407) 438-5053  
Applicant's fax number (include area code) (407) 438-5468