

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90139 001 \*\*\*300.00

**DOCUMENT # P01000105764**

1. Entity Name  
**VOICE LINE SERVICES, INC.**

Principal Place of Business Mailing Address  
**1105 CAPE CORAL PARKWAY EAST SUITE C** **1105 CAPE CORAL PARKWAY EAST SUITE C**  
**CAPE CORAL FL 33904** **CAPE CORAL FL 33904**

2. Principal Place of Business 3. Mailing Address  
**4427 SE 16th PL #2** **4427 SE 16th PL #2**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Cape Coral FL** **Cape Coral FL**  
 Zip Country Zip Country  
**33904 USA** **33904 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
 6. Name and Address of Current Registered Agent  
**WRIGHT, CHRISTINE F ESQ**  
**1105 CAPE CORAL PARKWAY EAST SUITE C**  
**CAPE CORAL FL 33904**  
 7. Name and Address of New Registered Agent  
 Name **Christine F. Wright**  
 Street Address (P.O. Box Number is Not Acceptable) **4427 SE 16th PL #2**  
 City **Cape Coral** FL Zip Code **33904**

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 *Christine F. Wright* DATE **4/30/02**  
 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. ☐  
 (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MUENDEL, PETER</b>		NAME	<b>Christine F. Wright</b>	
STREET ADDRESS	<b>SCHMIEFELD 21 45139 ESSEN</b>		STREET ADDRESS	<b>4427 SE 16th PL #2</b>	
CITY-ST-ZIP	<b>GERMANY</b>		CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOHLEY, THOMAS</b>		NAME		
STREET ADDRESS	<b>BRUNNENSTRASSE 24 45128 ESSEN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GERMANY</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHRAMM, MICHAEL</b>		NAME		
STREET ADDRESS	<b>KOENIGSBERGER STR 78 45145 ESSEN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GERMANY</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Christine F. Wright* DATE **5/1/02** DAYTIME PHONE # **941 572 9958**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)