

**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**



DO NOT WRITE IN THIS SPACE

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

City & State **Cape Coral FL** City & State **Cape Coral FL** 4. FEI Number  Applied For  
 Not Applicable  
 Zip **33904** Country **USA** Zip **33904** Country **USA** 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  
**WRIGHT, CHRISTINE F ESQ** **Christine F. Wright**  
**1105 CAPE CORAL PARKWAY EAST SUITE C** **4427 SE 16th PL #2**  
**CAPE CORAL FL 33904** **Cape Coral FL 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.  **FILE NOW!!! FEE IS \$150.00** 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MUENDEL, PETER</b><br><b>SCHMIELFELD 21 45139 ESSEN</b><br><b>GERMANY</b> <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Christine F. Wright</b><br><b>4427 SE 16th PL #2</b><br><b>Cape Coral, FL 33904</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LOHLEY, THOMAS</b><br><b>BRUNNENSTRASSE 24 45128 ESSEN</b><br><b>GERMANY</b> <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SCHRAMM, MICHAEL</b><br><b>KOENIGSBERGER STR 78 45145 ESSEN</b><br><b>GERMANY</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Christine F. Wright* DATE **5/1/02** 9415729958  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)