

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**
 Zip **33904** Country **USA** Zip **33904** Country **USA**

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 **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUENDEL, PETER SCHMIELFELD 21 45139 ESSEN GERMANY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOHLEY, THOMAS BRUNNENSTRASSE 24 45128 ESSEN GERMANY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRAMM, MICHAEL KOENIGSBERGER STR 78 45145 ESSEN GERMANY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christine F. Wright 4427 SE 16th PL #2 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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** DAYTIME PHONE # **941-572-9958**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)