


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP -3 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009645	
1. Entity Name UTELCO, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11480 PALM BEACH BLVD.	3. Mailing Address 11480 PALM BEACH BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FT. MYERS, FL	City & State FT. MYERS, FL
Zip 33905	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3610408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	STUTSMAN & THAMES, P.A.
Street Address (P.O. Box Number is Not Acceptable)	121 W. FORSYTH ST., STE. 600
City	JACKSONVILLE FL
Zip Code	32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D = DOUGLAS B. GROSSE 11480 PALM BEACH BLVD. FT. MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D = NEIL UMHAER 11480 PALM BEACH BLVD. FT. MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800022728158 09/03/03--01028--008 **558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D = STEPHEN M. LEGGETT 11480 PALM BEACH BLVD. FT. MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: 	NEIL UMHAER, SECRETARY	8/29/2003	(239)690-9530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)

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