

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92188 029 ***150.00

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DOCUMENT # P02000034427

1. Entity Name
VITEL ENTERPRISES, INC.



Principal Place of Business
**800 CASTILE DRIVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**POST OFFICE BOX 181293
CASSELBERRY FL 32718**

2. Principal Place of Business
800 CASTILE DRIVE
Suite, Apt. #, etc.
N/A

3. Mailing Address
Post office Box 181293
Suite, Apt. #, etc.
N/A

City & State
Altamonte Springs FL
Zip
32714
Country
USA

City & State
Casselberry FL
Zip
32718
Country
USA

4. FEI Number
010656477

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
N/A - Same as #6.

Street Address (P.O. Box Number is Not Acceptable)
N/A

City
N/A **FL** Zip Code
N/A

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 **Jonathan R. Thomas (PSTD)**

(NOTE: Registered Agent signature required when reinstating)

4/26/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
THOMAS, JOHATHAN R
800 CASTILE DRIVE
ALTAMONTE SPRINGS FL 32714** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jonathan R. Thomas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 **(321) 303-6494**
Date Daytime Phone #

CR2E034 (10/02)