

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90100 036 ***150.00

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DOCUMENT # P02000054485

1. Entity Name
E-TEL SYSTEMS SOLUTIONS CORPORATION



Principal Place of Business
**203 CAMINO ST
PORT ST LUCIE FL 34952**

Mailing Address
**203 CAMINO ST
PORT ST LUCIE FL 34952**



2. Principal Place of Business
203 CAMINO ST.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 881372
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PORT ST. LUCIE, FL
Zip
34952
Country
USA

City & State
PORT ST. LUCIE, FL
Zip
34988
Country
USA

4. FEI Number
01-0697545
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1000 WEST AVE STE 1114
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name
JOSEPH GRAZIOSI
Street Address (P.O. Box Number is Not Acceptable)
203 CAMINO ST.
City
PORT ST. LUCIE FL Zip Code
34952

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 **JOSEPH J. GRAZIOSI** **6/1/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D GRAZIOSI, JOSEPH**
STREET ADDRESS **203 CAMINO ST**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

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

TITLE ☐ Delete
NAME **D CELIDONIO, MICHAEL**
STREET ADDRESS **1152 SW BENT PINE COVE**
CITY-ST-ZIP **PORT ST LUCIE FL 34988**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

JOSEPH J. GRAZIOSI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/03 **772-344-7895**
Date Daytime Phone #

CR2E034 (10/02)