

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90775 012 ***150.00

DOCUMENT # P02000065279



1. Entity Name
1-800-ALPHATELL MARKETING, INC.

Principal Place of Business
**4740 W. HWY 192
KISSIMMEE FL 34746**

Mailing Address
**4740 W. HWY 192
KISSIMMEE FL 34746**

2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
54-2066831

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

7. Name and Address of New Registered Agent

**KUCIK, JOHN
719 E. RIDGEWOOD ST.
ORLANDO FL 32803**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

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	P <input type="checkbox"/> Delete
NAME	KUCIK, JOHN
STREET ADDRESS	719 E. RIDGEWOOD ST.
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	VP <input type="checkbox"/> Delete
NAME	KUCIK, JOE
STREET ADDRESS	4740 W. HWY 192
CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE	S <input type="checkbox"/> Delete
NAME	KUCIK, JOHN
STREET ADDRESS	719 E. RIDGEWOOD ST.
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	T <input type="checkbox"/> Delete
NAME	KUCIK, BARRY
STREET ADDRESS	4740 W. HWY 192
CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 *321.284.0125*
Date Daytime Phone #

CR2E034 (10/02)