



Amended

FILED

03 DEC 10 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000128600</b>			
1. Entity Name <b>CAL-TEC COMMUNICATIONS, INC.</b>			
Principal Place of Business 5450 BRUCE B DOWNS BLVD. #305 WESLEY CHAPEL, FL 33543		Mailing Address 5450 BRUCE B DOWNS BLVD. #305 WESLEY CHAPEL, FL 33543	
2. Principal Place of Business 26650 State Rd. 54		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lutz FL		City & State	
Zip 33559	Country Pasco	Zip	Country
4. FEI Number 55-0808626		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DERRICO, KENNETH D 26680 PLAYERS CIRCLE #2 LUTZ, FL 33569		7. Name and Address of New Registered Agent Name Darlene Edwards Street Address (P.O. Box Number is Not Acceptable) 26650 State Rd. 54 City Lutz, FL Zip Code 33559	
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 <u>Darlene Edwards</u> DATE <u>12/8/03</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when certifying)</small>			
		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE P NAME DERRICO, KENNETH D STREET ADDRESS 26680 PLAYERS CIR. #2 CITY-ST-ZIP LUTZ, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE President NAME Darlene Edwards STREET ADDRESS 5118 New Savannah Circle CITY-ST-ZIP Wesley Chapel, FL 33544	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Vice President NAME KJUAN HAYNES STREET ADDRESS 5118 New Savannah Circle CITY-ST-ZIP Wesley Chapel, FL 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Darlene Edwards</u>		DATE: <u>12/8/03</u> 813 929-4255	

CFR2034 (10/02)

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