

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90329 022 \*\*\*150.00

NSR007 SP

**DOCUMENT # P34006**

1. Entity Name  
**PROTEL SERVICES, INC.**

Principal Place of Business

P. O. BOX 4093  
 WICHITA FALLS TX 76308

Mailing Address

PROTEL SERVICES INC  
 4000 HENRY GRACE FREEWAY  
 WICHITA FALLS TX 76302  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**75-2217248**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>RHONE, LARRY A.</b>
STREET ADDRESS	<b>4000 HENRY GRACE PKWY</b>
CITY-ST-ZIP	<b>WICHITA FALLS TX 76302</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>RHONE, LARRY A.</b>
STREET ADDRESS	<b>4000 HENRY GRACE PKWY</b>
CITY-ST-ZIP	<b>WICHITA FALLS TX 76302</b>
TITLE	<b>VCD</b> <input type="checkbox"/> Delete
NAME	<b>MASON, JOHN H.</b>
STREET ADDRESS	<b>1400 TILDEN</b>
CITY-ST-ZIP	<b>WICHITA FALLS TX</b>
TITLE	<b>VS</b> <input type="checkbox"/> Delete
NAME	<b>MASON, JOHN H.</b>
STREET ADDRESS	<b>1400 TILDEN</b>
CITY-ST-ZIP	<b>WICHITA FALLS TX</b>
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry A. Rhone* **Larry A. Rhone, Pres.** 4/30/02 940/766-5566  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)