

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90133 032 ***150.00

DOCUMENT # P92000002232

1. Entity Name
ONE SPOT TO CALL, INC.



Principal Place of Business
**5814 SW 1ST CT
CAPE CORAL FL 33914
US**

Mailing Address
**5814 SW 1ST CT
CAPE CORAL FL 33914
US**

2. Principal Place of Business
2275 BRUNER LANE
Suite, Apt. #, etc.
3

3. Mailing Address
2275 BRUNER LANE
Suite, Apt. #, etc.
3

City & State
FT. MYERS FL
Zip
33912
Country
Lee

City & State
FT. MYERS FL
Zip
33912
Country
Lee

4. FEI Number
65-0364200

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SIFRAR, DANIEL
5814 SOUTHWEST 1ST COURT
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2275 BRUNER LANE
SUITE #3
City **FT. MYERS** **FL** Zip Code **33912**

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 *Daniel R. Sifrar*
Signature, typed or printed name of registered agent and title if applicable.

DANIEL R. SIFRAR

3-27-03

DATE

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **SIFRAR, DANIEL**
STREET ADDRESS **5814 SOUTHWEST 1ST CT.**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **S** ☐ Delete
NAME **CONSIDINE, LINDA L**
STREET ADDRESS **618 SW SANTA BARBARA PL**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5506 LANCCLOT LANE**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

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

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

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TITLE ☐ Change ☐ 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:

Linda L. Considine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA L. CONSIDINE 3/27/03 239-466-1116

Date

Daytime Phone #

CR2E034 (10/02)