

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004866

1. Entity Name

VOICEMAIL SYSTEMS CORPORATION

APPROVED
AND
FILED

00 SEP -1 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1109 OLD OKEECHOBEE RD
11
WEST PALM BEACH FL 33401
US

Mailing Address

1109 OLD OKEECHOBEE RD
11
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

1800 OLD OKEECHOBEE RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

City & State

4. FEI Number

65-0466651

Applied For

Not Applicable

Zip

33409

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETRON, BRIAN
1860 OLD OKEECHOBEE RD.
STE. 512
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

BRIAN BETRON

Street Address (P.O. Box Number is Not Acceptable)

1800 OLD OKEECHOBEE ROAD

SUITE 200

City

WEST PALM BEACH

FL

Zip Code

33409

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

8/17/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P ☐ Delete

NAME BETRON, BRIAN
STREET ADDRESS 1109 OLD OKEECHOBEE RD, STE 11
CITY-ST-ZIP W. PALM BEACH FL

TITLE D ☐ Delete

NAME POOLE, CHARLES J JR.
STREET ADDRESS 2415 GABRIEL LANE
CITY-ST-ZIP W. PALM BEACH FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition

NAME BRIAN BETRON
STREET ADDRESS 1800 OLD OKEECHOBEE ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE ☐ Change ☐ Addition

NAME 300003391743--3
STREET ADDRESS -09/13/00--01065--022
CITY-ST-ZIP *****558.75 *****558.75

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/17/00

CR2E034 (5/00)