2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCLIMENT # P02000041206



FILED Mar 19, 2003 8:00 am Secretary of State

CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1. Entity Name AMERICAN PHONE CENTER, INC.						03-19-2003 90135 025 ***150.00		
Sulfe, Apt. #, etc. City & State City & City & State City & City & State City & State City & State City & State City & City	606 S MILITARY TRAIL DEERFIELD BEACH FL 33442			606 S MILITARY TRAIL DEERFIELD BEACH FL 33442					
City & State Ci	2. Principal	Place of Busi	ness	3. Mailing Address					
Zip Country Zip Country S. Centricate of Status Deserte S. 55.75 Additional Peer Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Add	Suite, Ap	t. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
Series and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS 1150.00 After May 1, 2009 Fee with 6 \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FILE NOW. FILE NO	City & State			City & State			65-0420125		
WILLIAMS, MARK C 606 S MILLTARY TRAIL DEERFIELD BEACH FL 33442 6. The above parted entity submits this statement for the purpose of changing its registered diffector registered when version of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	Zip	Zip Country		Zip Country		ry	5. Certificate of Status Desired \$8.75 Addition		
MILLIANS, MARK C Store Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Registered Agent			· ·		
Street Address (P.O. Box Number is Not Acceptable)									
DEERFIELD BEACH FL 33442 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Porida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Symbles, Special or printed vame of implications agent and life if reprisable. INOTE Registered Agent agents required when retraining DATE		•	.it		-	Street Address ((P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature File Now!!! FEE IS \$150.00									
SIGNATURE Signature Signa						•			
FILE NOW!! FEE IS \$15.000 After May 1, 2003 Fee will be \$55.00 May Be Added to Fees 10. TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. NAME OS SMILITARY TRAIL OFFICERS WILLIAM M OS SMILITARY TRAIL OFFICERS BEEF ADDRESS OTFI-51-ZIP TITLE WS WILLIAMS, MARK C 086 SMILITARY TRAIL OFFICERS BEEF ADDRESS OTFI-51-ZIP TITLE NAME SITERET ADDRESS OTFI-51-ZIP TITLE N	8. The above the obliga	e named entit ations of regist	y submits this statement for tered agent.	the purpose of changing its	registere	d office or register	ered agent, or both, in the State of Florida. I am familiar with, and	accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE		or printed name of registered agent a	nd title if applicable. (NOT	F: Registered	Agent signature convirge	and when rejectating).		
Make Check Payable to Florida Department of State 10.	, ,	······		(10)		Agent signature required			
TITLE NAME NAME SIRECT ADDRESS CITY-ST-ZIP TITLE NAME SIRECT ADDRESS C	After May 1, 2003 Fee will be \$550.00						, , , , , , , , , , , , , , , , , , , ,	ay Be ees	
TITLE NAME ROGERS, WILLIAM M 606 S. MILITARY TRAIL DEERFIELD BEACH FL 33442 CITY-ST-ZIP VS WILLIAMS, MARK C GOS S. MILITARY TRAIL DEERFIELD BEACH FL 33442 TITLE NAME SITERET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE	10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11	
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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 changed, or on an attachment with an address with all only the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Date

Daytime Phone #