

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074204

1. Entity Name
AUDIOTEL, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90067 043 ***150.00

Principal Place of Business
P.O. BOX 575
DEERFIELD BEACH FL 33443

Mailing Address
P.O. BOX 575
DEERFIELD BEACH FL 33443-0575



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, RICHARD A
7040 W PALMETTO PARK RD
SUITE 4-125
BOCA RATON FL 33433

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 Richard A Collins Richard Collins 4/28/00
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, 2000 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 PVTS ☐ Delete
NAME COLLINS, JILLIANN
STREET ADDRESS 7040 W. PALMETTO PK RD #4125
CITY-ST-ZIP BOCA RATON FL 33433

☒ Change ☐ Addition
NAME 487 N.W. 48th Ave
STREET ADDRESS Deerfield Bch, FL 33442
CITY-ST-ZIP

TITLE DPV ☐ Delete
NAME COLLINS, RICHARD
STREET ADDRESS 7040 W PALMETTO PARK RD 4-125
CITY-ST-ZIP BOCA RATON FL

☒ Change ☐ Addition
NAME 487 N.W. 48th Ave
STREET ADDRESS Deerfield Bch, FL 33442
CITY-ST-ZIP

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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: JILLIANN COLLINS Jilliann Collins 4/28/00 954/480-8871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)