

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90016 028 ***150.00

DOCUMENT # P93000078171

1. Entity Name
ITEL, INC.

Principal Place of Business
**8933 WESTERN WAY
 SUITE 20
 JACKSONVILLE FL 32256
 US**

Mailing Address
**8933 WESTERN WAY
 SUITE 20
 JACKSONVILLE FL 32256
 US**

2. Principal Place of Business
6745 Phillips Industrial Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
6745 Phillips Industrial Blvd.
 Suite, Apt. #, etc.

City & State
Jacksonville, FL
 Zip
32256
 Country
USA

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Jacksonville, FL
 Zip
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 Country
USA

4. FEI Number **59-3207296**

Applied For
 Not Applicable

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

**MULLINS, MARK
 8933 WESTERN WAY
 SUITE 20
 JACKSONVILLE FL 32256**

Name
Mark Mullins
 Street Address (P.O. Box Number is Not Acceptable)
6745 Phillips Industrial Blvd.
 City **Jacksonville** **FL** Zip Code **32256**

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 **Mark Mullins (Mark Mullins)** **1-31-02**

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 **PD** ☐ Delete
 NAME **MULLINS, MARK**
 STREET ADDRESS **8933 WESTERN WAY SUITE 20**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

☒ Change ☐ Addition
 TITLE **Change**
 NAME **Eisenstein**
 STREET ADDRESS **6745 Phillips Industrial Blvd.**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **VPGM** ☐ Delete
 NAME **ELSENSTEIN DONALD A**
 STREET ADDRESS **8933 WESTERN WAY SUITE 20**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

☒ Change ☐ Addition
 TITLE **Change**
 NAME **Eisenstein**
 STREET ADDRESS **6745 Phillips Industrial Blvd.**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **VP** ☐ Delete
 NAME **MOLIS, FRED**
 STREET ADDRESS **8933 WESTERN WAY SUITE 20**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

☒ Change ☐ Addition
 TITLE **Change**
 NAME **Eisenstein**
 STREET ADDRESS **6745 Phillips Industrial Blvd.**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE ☐ Delete
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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: **Mark Mullins (Mark Mullins)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02 904-363-0196

Date

Daytime Phone #

CR2E034 (9/01)