

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90004 050 ***150.00

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DOCUMENT # P94000015968

1. Entity Name

COMTEL BUSINESS TELEPHONE, INC.

Principal Place of Business

501 GOODLETTE RD. N
 SUITE D100
 NAPLES FL 33940

Mailing Address

501 GOODLETTE RD N
 SUITE D100
 NAPLES FL 33940

2. Principal Place of Business

2280 19th St SW
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 7504
 Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34117

Country

USA

Zip

34101

Country

USA

4. FEI Number

65-0471605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

IVEY, JAMES E JR.

501 GOODLETTE RD N
 SUITE D100
 NAPLES FL 33940

7. Name and Address of New Registered Agent

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

James E. Ivey Jr.
 Signature, typed or printed name of registered agent and title, if applicable.

JAMES E. Ivey, JR

1-11-02

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	IVEY, JAMES E JR.	
STREET ADDRESS	2280 19TH SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	S	<input type="checkbox"/> Delete
NAME	IVEY, MARCUS S.	
STREET ADDRESS	4295 12TH ST NE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	T	<input type="checkbox"/> Delete
NAME	IVEY, TIMOTHY D.	
STREET ADDRESS	2160 43RD TERRACE SW #49	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James E. Ivey Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. Ivey, Jr

Date

Daytime Phone #

941-254-9941

CR2E034 (9/01)