## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P94000040917 1. Entity Name INTOUCH COMMUNICATIONS OF S.W. FLORIDA, INC. 02-01-2000 90125 006 \*\*\*150.00 Principal Place of Business Mailing Address 2311 W. 20TH ST. P.O. BOX 61406 LEHIGH ACRES 33971 FT MYERS FL 33906-1406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 65-0499383 Not Applicant Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VILLANI, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 5017 BYWOOD ST SUITE 300 LEHIGH ACRES FL 33971 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change VILLANI, MICHAEL NAME P.O. BOX 61406 N/A STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33906 Change ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP HHLE Delete NAME STREET ADDRESS

11. Addition TITLE NAME STREET ADDRESS CITY-ST-7IP ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change - Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Michael Villani, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-278-8505

Daytime Phone #