

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000046994****1. Entity Name**
SFT COMMUNICATIONS CORPORATION**Principal Place of Business**
403 E NICHOLAS ST
HERNANDO FL 34442
US**Mailing Address**
P.O. BOX 632
INVERNESS FL 34451**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3254971**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FARIELLO, VERA**
403 E NICHOLAS ST
HERNANDO FL 34442**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** *Vera Fariello*

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-4-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete
NAME **FARIELLO, VERA**
STREET ADDRESS **403 E NICHOLAS ST**
CITY-ST-ZIP **HERNANDO FL 34442****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **FARIELLO, SAL**
STREET ADDRESS **403 E NICHOLAS ST**
CITY-ST-ZIP **HERNANDO FL 34442****TITLE** ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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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:** *Vera Fariello* **Vera Fariello**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-01
Date**(352) 527-2028**
Daytime Phone #

CR2E034 (10/00)