2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400065375 1. Entity Name KRELL COMMUNICATIONS, INC.

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90147 044 ***150.00

FL

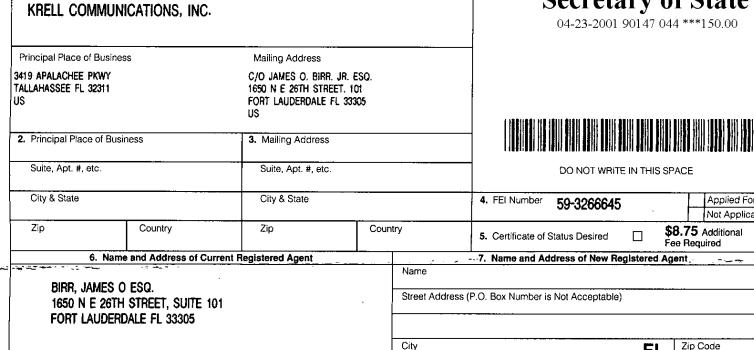
DATE

10. Election Campaign Financing

Applied For

\$5.00 May Be

Not Applicable



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.

After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete FORSMAN, BURTON J NAME NAME STREET ADDRESS 4219 CAMDEN ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

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 the specific 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: 4

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Addition

☐ Addition