

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069189

1. Entity Name

KELTASH COMMUNICATIONS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90100 025 ***150.00

Principal Place of Business

Mailing Address

4152 W BLUE HERON BLVD
SUITE 107
RIVIERA BEACH FL 33404
US

P.O. BOX 9163
RIVIERA BEACH FL 33419-9163

2. Principal Place of Business

3. Mailing Address

2001 Broadway
Suite, Apt. #, etc.
503

P.O. Box 9163
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Riviera Beach, Florida

City & State

Riviera Beach, Florida

4. FEI Number

65-0523195

Applied For

Not Applicable

Zip

Country

33404

USA

Zip

Country

33419

USA

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

LEONE, PHILIP E
11000 PROSPERITY FARMS RD STE 104
PALM BEACH GARDENS FL 33410

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
JILES, WILLIAM T
P.O. BOX 9163
RIVIERA BEACH FL 33419 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)