

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026391

1. Entity Name  
COMTEL SYSTEMS CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -7 AM 11:19

Principal Place of Business  
6801 N. 54TH STREET  
TAMPA FL 33610  
US

Mailing Address  
6801 N. 54TH STREET  
TAMPA FL 33610  
US

2. Principal Place of Business  
3803 Corporex Park Drive

3. Mailing Address  
3803 Corporex Park Drive



Suite, Apt. #, etc.  
Suite 700

Suite, Apt. #, etc.  
Suite 700

City & State

City & State

Tampa, FL

Tampa, FL

Zip  
33619

Country

Zip  
33619

Country

DO NOT WRITE IN THIS SPACE  
REINSTATEMENT

4. FEI Number  
59-3304363

Applied For  
Not Applicable

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

CORPAMERICA INC  
1525 SOUTH ANDREWS AVE  
SUITE 216  
FT LAUDERDALE FL 33316

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 L. Buppenger*

11/30/2000

Signature of Registered Agent or Secretary (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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	BUTLER, MICHAEL R	
STREET ADDRESS	6801 N 54TH ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENNETT, C MICHAEL	
STREET ADDRESS	6801 N 54TH ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FELICIANO, ANA M	
STREET ADDRESS	6801 N. 54TH ST.	
CITY-ST-ZIP	TAMPA FL 33610	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3803 Corporex Park Drive, Suite 700	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3803 Corporex Park Drive, Suite 700	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bennett, C Michael	
STREET ADDRESS	3803 Corporex Park Drive, Suite 700	
CITY-ST-ZIP	Tampa, FL 33619	
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:

*Michael R. Butler*

Michael R. Butler President

July 20, 2000 (813) 623-3974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)