

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051955

1. Entity Name

INFOTEL INTERNATIONAL, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90102 001 ***150.00

Principal Place of Business

255 EAST DRIVE
SUITE K
MELBOURNE FL 32904
US

Mailing Address

255 EAST DRIVE
SUITE K
MELBOURNE FL 32904-1032
US

2. Principal Place of Business

1529 CLOVER CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 120310

Suite, Apt. #, etc.

A0000001



DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE, FL

City & State

W. MELBOURNE, FL

4. FEI Number

59-3333637

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

32912-0310

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, JAMES
1696 WEST HIBISCUS BLVD
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

IRENE SABOL

Street Address (P.O. Box Number is Not Acceptable)

1529 CLOVER CIRCLE

City

MELBOURNE

FL

Zip Code

32935

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

IRENE SABOL, PRESIDENT, TREAS. SEC. DR. Irene Sabol

4/26/00

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

TITLE TSDC ☒ Delete
NAME LEHRMANN, DONALD F
STREET ADDRESS 255 EAST DRIVE, SUITE K
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TSDC ☒ Change ☐ Addition
NAME SABOL, IRENE
STREET ADDRESS 1529 CLOVER CIRCLE
CITY-ST-ZIP MELBOURNE, FL 32935

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE

IRENE SABOL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 321-676-7500

Date

Daytime Phone #