

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90894 040 \*\*\*150.00

**DOCUMENT # P95000051955**

1. Entity Name  
**INFOTEL INTERNATIONAL, INC.**

Principal Place of Business

1529 CLOVER CIR  
W. MELBOURNE FL 32935  
US

Mailing Address

1529 CLOVER CIR  
W. MELBOURNE FL 32935  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**C/O FASTRANSIT COMMUNICATIONS**  
Suite, Apt. #, etc.  
**15. N. SECOND AVE.**

3. Mailing Address

**C/O FASTRANSIT COMMUNICATIONS**  
Suite, Apt. #, etc.  
**P.O. BOX 1530**

City & State

**WEST JEFFERSON, NC**

City & State

**WEST JEFFERSON, NC**

4. FEI Number

**59-3333637**

Applied For

☒ Not Applicable

Zip

**28694**

Country

**USA**

Zip

**28694**

Country

**ASH E**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SABOL, IRENE**  
1529 CLOVER CIR  
W. MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name  
**RICK MITCHELL**  
Street Address (P.O. Box Number is Not Acceptable)  
**158 CORENHAYE AVE., N.E.**  
City  
**PALM BAY, FL** Zip Code  
**32907**

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*  
**IRENE SABOL, PRESIDENT**

**4/28/02**  
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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TSDC**  
**SABOL, IRENE**  
**1529 CLOVER CIR**  
**MELBOURNE FL 32935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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: *Irene Sabol, President*  
**IRENE SABOL, PRESIDENT**

**4/28/02** **336-246-4545**  
Date Daytime Phone #

4-CR2E034 (9/01)