## **2000 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

## DOCUMENT # P95000054741 May 01, 2000 8:00 am Secretary of State 1. Entity Name PROVIDENCE TELESYS, INC. 05-01-2000 90309 018 \*\*\*150.00 Mailing Address Principal Place of Business 9611 BRADEN RUN 7282 55TH AVE E SUITE 100 PMB 130 **BRADENTON FL 34202 BRADENTON FL 34203-8002** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0604281 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, W D Street Address (P.O. Box Number is Not Acceptable) 9611 BRADEN RUN **BRADENTON FL 34202** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME CLARK, W.D. NAME STREET ADDRESS STREET ADDRESS 9611 BRADEN RUN CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME YOUNG, ROGER W NAME STREET ADDRESS 13527 2ND AVE NE STREET ADDRESS CITY-ST-7IP **BRADENTON FL 34202** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.