## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empower

Aloysius T. Lawn LIV

## Mar 13, 2002 8:00 am § **DOCUMENT #** P96000034696 **Secretary of State** 1. Entity Name THE OTHER PHONE COMPANY, INC. 03-13-2002 90054 022 \*\*\*150.00 Mailing Address Principal Place of Business 6805 ROUTE 202 3427 N.W. 55TH STREET FT. LAUDERDALE FL 33309 NEW HOPE PA 18938 2. Principal Place of Business 3. Mailing Address 6805 Route 202 6805 Route 202 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0705374 Not Applicable New Hope, New Hope, PA Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 18938 Fee Required 18938 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. T/D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) PD X Delete ☐ Change ★ Addition TITLE TITLE Meyercord, Edward BARITZ KENNETH G NAME NAME 6805 Route 202 STREET ADDRESS STREET ADDRESS 2385 EXECUTIVE CENTER DR., STE 270 New Hope, PA 18938 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** ☐ Change ☐ Addition **EVSM** ☐ Delete TITLE TITLE NAME NAME GRIFFO, KEVIN STREET ADDRESS STREET ADDRESS 12001 SCIENCE DRIVE SUITE 130 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32826 ☐ Delete TITLE ☐ Change ☐ Addition TITLE CDCE BATTISTA, GABRIEL NAME NAME STREET ADDRESS STREET ADDRESS 12020 SUNRISE VALLEY DRIVE STE 270 CITY-ST-ZIP CITY-ST-ZIP **RESTON VA 20190** SVPF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME WALSH, THOMAS NAME STREET ADDRESS 6805 ROUTE 202 STREET ADDRESS CITY-ST-ZIP **NEW HOPE PA 18938** CITY-ST-ZIP Delete ☐ Addition TITI F **EVBD** TITLE NAME VINALL. GEORGE 12020 SUNRISE VALLEY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **RESTON VA 20190** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME LAWN, ALOYSIUS T IV NAME 6805 ROUTE 202 STREET ADDRESS STREET ADDRESS **NEW HOPE PA 18938** CITY-ST-ZIP 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

**FILED** 

215-862-1500