

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 07, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000066080**1. Entity Name  
K & M TEL, INC.Principal Place of Business  
2015 BROAD ST  
  
BROOKSVILLE FL 34609 USMailing Address  
2015 BROAD ST  
  
BROOKSVILLE FL 34609 US2. Principal Place of Business  
2015 BROAD ST3. Mailing Address  
2015 BROAD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BROOKSVILLE FLCity & State  
BROOKSVILLE FL4. FEI Number  
**59-3393150**Applied For  
Not ApplicableZip  
34604Country  
USZip  
34604Country  
US5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**HOWE EDWARD F  
2198 GLENRIDGE DRSPRINGHILL FL  
34609**7. Name and Address of New Registered Agent**Name  
REUTIMANN LINDA LStreet Address (P.O. Box Number is Not Acceptable)  
6352 OCEAN PINES LANECity  
SPRING HILL FL Zip Code  
34606

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 **LINDA L. REUTIMANN****03/07/2001**

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, 2001 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 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete  
T  
REUTIMANN LINDA L  
38600 NAOMI AVE  
ZEPHYRHILLS FL 33540TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete  
P  
HOWE EDWARD F  
2015 BROAD ST  
BROOKSVILLE FL 34609TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
VP  
MARGESON JOHN W  
PO BOX 136  
TRACYTON WA 98939TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
T  
REUTIMANN LINDA L  
2015 BROAD STREET  
BROOKSVILLE FL 34604TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
P  
REUTIMANN LINDA L  
2015 BROAD STREET  
BROOKSVILLE FL 34604TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
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: Linda L. Reutimann**

P

03/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)