


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90857 031 ***150.00

DOCUMENT # P96000079338	
1. Entity Name ALL FLORIDA TELEPHONE, INC.	

Principal Place of Business 1575 AVIATION CENTER PARKWAY SUITE 401 DAYTONA BEACH FL 32114	Mailing Address 1575 AVIATION CENTER PARKWAY SUITE 401 DAYTONA BEACH FL 32114
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2. Principal Place of Business 810 fentress court Suite, Apt. #, etc. Suite 140 City & State Daytona Beach, FL Zip 32117 Country USA	3. Mailing Address 810 Fentress Court Suite, Apt. #, etc. Suite 140 City & State Daytona Beach, FL Zip 32117 Country USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3424738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOOD, ROBIN J 1575 AVIATION CENTER PARKWAY SUITE 401 DAYTONA BEACH FL 32114	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 810 Fentress Court Suite 140 City Daytona Beach FL Zip Code 32117
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/14/03 3882745350	Date	Daytime Phone #
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CR2E034 (10/02)