

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90011 001 ***150.00

0339225 AV

DOCUMENT # P96000083311

1. Entity Name
INFOTEL SERVICES INC.

Principal Place of Business
4210 S. UNIVERSITY DR.
#5
DAVIE F: 33328

Mailing Address
4210 S. UNIVERSITY DR.
#5
DAVIE F: 33328

00043500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0701635

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, HEIDELORE
4640 S.W. 78TH AVENUE
DAVIE FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE, NAME: **P** ☐ Delete
SCOTT, HEIDELORE
STREET ADDRESS: **4640 S.W. 78TH AVENUE**
CITY-ST-ZIP: **DAVIE FL 33328**

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

TITLE NAME: **D** ☐ Delete
MAIR, STEPHANIE
STREET ADDRESS: **4210 S. UNIVERSITY DR. #5**
CITY-ST-ZIP: **DAVIE F: 33328**

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

☐ Delete
TITLE NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE NAME:
STREET ADDRESS:
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Heidlore Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 954-4349800

Date

Daytime Phone #

CR2E034 (9/01)