

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095240

1. Entity Name

TELLO COASTAL COMMUNICATIONS, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90133 029 ***150.00

Principal Place of Business

3245 BONNYBROOK DR
LAKELAND FL 33811

Mailing Address

3245 BONNYBROOK DR
LAKELAND FL 33801-8004

2. Principal Place of Business

2222 S. COMBEERD.

Suite, Apt. #, etc.

UNITS 849

City & State

LAKELAND, FL

Zip

33803

Country

POLK

3. Mailing Address

2222 S. COMBEERD.

Suite, Apt. #, etc.

UNITS 849

City & State

LAKELAND, FL

Zip

33803

Country

POLK



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3434231

Applied For

Not Applicable

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

SANDERS, RONALD
3245 BONNYBROOK DR
LAKELAND FL 33811

Name

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

2222 S. COMBEERD.

UNITS #849

City

LAKELAND, FL

FL

Zip Code

33801

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

Ronald D. Sanders

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-7-2000

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, 2000 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 **D** ☐ Delete
NAME SANDERS, RONALD
STREET ADDRESS 3245 BONNYBROOK DR
CITY-ST-ZIP LAKELAND FL 33811

☒ Change ☐ Addition
TITLE **3263 BRIDLEFIELD DR.**
NAME **LAKELAND, FL 33803-7903**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SANDERS, SANDRA
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE **DIRECTOR**
NAME SANDERS, SANDRA
STREET ADDRESS 3263 BRIDLEFIELD DR.
CITY-ST-ZIP LAKELAND, FL 33803-7903

TITLE ☐ Delete
NAME CREATH, JOHN F.
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE **DIRECTOR**
NAME CREATH, JOHN F.
STREET ADDRESS 6504 BUFFALO RD.
CITY-ST-ZIP RALEIGH, NC 27604

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Ronald D. Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-7-2000

Daytime Phone #

CR2E034 (9/99)