

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90024 024 ***150.00

DOCUMENT # P96000095240

1. Entity Name

TELLO COASTAL COMMUNICATIONS, INC.

Principal Place of Business

**2222 S. COMBEE RD
 UNITS 8 & 9
 LAKELAND FL 33803**

Mailing Address

**2222 S. COMBEE RD
 UNITS 8 & 9
 LAKELAND FL 33803**

2. Principal Place of Business

5001 GATEWAY BLVD.

3. Mailing Address

5001 GATEWAY BLVD.

Suite, Apt. #, etc.

UNITS 1+2

Suite, Apt. #, etc.

UNITS 1+2

City & State

LAKELAND FL

City & State

LAKELAND FL

4. FEI Number

59-3434231

Applied For

Not Applicable

Zip

33811

Country

USA

Zip

33811

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SANDERS, RONALD
 2222 S. COMBEE RD
 UNITS 8-9
 LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name

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

5001 GATEWAY BLVD.

UNITS 1+2

City

LAKELAND

FL

Zip Code

33811

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, RONALD	
STREET ADDRESS	3263 BRIDGEFIELD DR	
CITY-ST-ZIP	LAKELAND FL 33803-7903	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, SANDRA	
STREET ADDRESS	3263 BRIDGEFIELD DR	
CITY-ST-ZIP	LAKELAND FL 33803-7903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CREATH, JOHN F	
STREET ADDRESS	3263 BRIDGEFIELD DR	
CITY-ST-ZIP	LAKELAND FL 33803-7903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)