

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**  
 04-24-2002 90379 008 \*\*\*158.75

**DOCUMENT # P97000037534**

1. Entity Name  
**QTSIE TELEPHONY, INC.**

Principal Place of Business

**106 SQUIRE HILL RD  
 LONGWOOD FL 32779**

Mailing Address

**106 SQUIRE HILL RD  
 LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3480570**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARQUEZ, PATRICE M  
 106 SQUIRE HILL RD  
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **MARQUEZ, WILLIAM J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**106 SQUIRE HILL ROAD**  
 City **LONGWOOD** FL Zip Code **32779**

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 **WILLIAM J. MARQUEZ** DATE **APRIL-17-2002**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **PTSD** ☒ Delete  
 NAME **MARQUEZ, PATRICE**  
 STREET ADDRESS **106 SQUIRE HILL RD**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **C** ☒ Delete  
 NAME **MARQUEZ, PATRICE**  
 STREET ADDRESS **106 SQUIRE HILL RD**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition  
 NAME **MARQUEZ, WILLIAM J.**  
 STREET ADDRESS **106 SQUIRE HILL ROAD**  
 CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **CHAIRMAN** ☐ Change ☒ Addition  
 NAME **MARQUEZ, WILLIAM J.**  
 STREET ADDRESS **106 SQUIRE HILL ROAD**  
 CITY-ST-ZIP **LONGWOOD, FL 32779**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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: **WILLIAM J. MARQUEZ** DATE **APRIL-17-2002** 407 682 7775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)