2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087594 1. Entity Name GULFCOAST BUSINESS TELEPHONE SYSTEMS, INC.					Jul 10, 2001 8:00 am Secretary of State 07-10-2001 90131 026 ***550.00			
Principal Place of Business Mailing Address								
6107 E5 MEM TAMPA FL 33	IEMORIAL HIGHWAY 4558 S.W. 35TH STREET STE. 10 33615 ORLANDO FL 32811							
	ipal Place of Business A 3. Mailing Address							
6015. talkenburg Kd								
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE 4. FEI Number — Applied For				
State	non FL	City & State	ity & State		59-3472411	<u> </u>	t Applicable	
3361	9 Country Zip Coun		Country	5. (5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent	Name	7. N	Name and Address of New Registered	l Agent		
BORNACK, HERBERT H								
4558 S.W. 35TH STREET STE. 100			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32811								
			City		F	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	d title if applicable. (NOTE: Re	egistered Agent signature re	quired when re	einstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. After September 12, 2001			001 Fee will be \$		Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bornack, Herbert H 4558 S.W. 35TH STREET STE. 100 Orlando Fl 32811	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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indicated	ertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empoyeration.	rue and accurate and that my	signature shall have	the same	legal effect as if made under oath; that	I am an officer	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: