## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000087843 May 23, 2000 8:00 am Secretary of State ALLTEL INDUSTRIES OF SOUTH FLORIDA, INC. 05-23-2000 90233 047 \*\*\*150.00 Mailing Address Principal Place of Business 14605 HORSESHOE TRACE 14605 HORSESHOE TRACE WEST PALM BEACH FL 33414-8245 WEST PALM BEACH FL 33414-8245 3. Mailing Address 2. Principal Place of Business 2100 2<u>NO AVENUE NONTH</u> 2100 2<del>00</del> AVENUE NONTH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0787235 Not Applicable AK£ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -. 6. Name and Address of Current Registered Agent Name TELLEX, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 14605 HORSESHOE TRACE WEST PALM BEACH FL 33414-8245 Zip Code **33414-8245** WELLINGTON 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT/OIRECTOR Change □ Delete TITLE TITLE TELLEX, MICHAEL P. TELLEX, MICHAEL P NAME NAME 14605 HONSESHOE TRACE 14605 HORSESHOE TRACE STREET ADDRESS STREET ADDRESS WELLINGTON, FL 33414-8245 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414-8245 SENIOR VICE PRESIDENT DIRECTOR - Change Delete TITLE TITLE CONNIE M. TELLEX NAME NAME 14605 HONSESHOE TRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WELLINGTON, FL 33414-8245 VICE PRESIDENT - OPERATIONS -TITLE Change ☐ Delete TITLE: NAME PETER A. TELLEX NAME 907 N. ATLANTIC OR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LANTANA, FL 3346U ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 poort as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR