2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093960 May 15, 2000 8:00 am Secretary of State 1. Entity Name SIESTA TELECOM, INC. 03-02-2000 90124 008 ***150.00 Principal Place of Business Mailing Address 5951 CATTLERIDGE BLVD. 5951 CATTLERIDGE BLVD. SARASOTA FL 34232-6040 SARASOTA FL 34232 US บร 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 100 Juite 100 Applied For City & State 4. FEI Number 65-0797444 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DWIGGINS, DAVID V. Street Ad 5975 CATTLEMEN LANE SARASOTA FL 34232 City its registered office or registered egent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and their applicable 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99) Delete TITLE Change Addition TITLE MAY, B. STEPHEN NAME NAME 7436 MYRICA DR. STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change | TITLE Delete DWIGGINS, DAVID V NAME **4274 BOCA POINTE DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIF Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 path; 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 attachm SIGNATURE: