

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

05-02-2002 90047 028 ***150.00
P97000093960

FILED

02 MAY -6 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093960
1. Entity Name
SIESTA TELECOM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1681 BONITA LANE
Suite, Apt. #, etc.

3. Mailing Address
1681 BONITA LANE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA FLORIDA

City & State
SARASOTA FLORIDA

Zip Country
34239 SARASOTA

Zip Country
34239 SARASOTA

4. FEI Number
65-0797444

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LLOYD E. SLATER

Street Address (P.O. Box Number is Not Acceptable)
1681 BONITA LANE

City
SARASOTA FL Zip Code
34239

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 **LLOYD E. SLATER** **4-18-02**
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LLOYD E. SLATER 1681 BONITA LANE SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **LLOYD E. SLATER** **4-18-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)