## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

#### **DOCUMENT #**

P98000025039

1. Entity Name

Z-TEL HOLDINGS, INC.



# FILED

Apr 30, 2003 8:00 am Secretary of State
04-30-2003 90162 030 ***150.00

Pincipal Place of Business 60 15 Markoul SAAND BLVD 60 15 Markoul RADIO 60 15 Markoul							00 WE						
City & State  City Country  Country  City  City  City  City  City  City  FL  Zip Code  City  F	601 S HARBOUR ISLAND BLVD STE 220 TAMPA FL 33602 US			601 S HARBOUR ISLAND BLVD STE 220 TAMPA FL 33602 US									
City & State    City & State   City & State   City & State	,			1	J								
Country Zio Country Zio Country Status Desired   \$8.75 Additional property   \$5. Certificate of Status Desired   \$8.75 Additional property   \$6. Name and Address of Current Registered Agent   \$7. Name and Address of New Registered Agent   \$7. Name and Address	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Desired	City & State			City	City & State				59-(5)(4)(2)				
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country				Country						Fee Required	
Streat Address (P.O. Box Number is Not Acceptable)    Streat Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Register	ed Agent		Namo		7. Na	ame and Address of New Re	egistered	Agent	
STREET ADDRESS (PLC). Box Number is Not Acceptable)  Title Now.  STREET ADDRESS (PLC). Box Number is Not Acceptable)  City FL Zip Code  Ci	CT CODD	ODATION C	VOTEM				INATILE						
EVANTATION FL 33324  8. The aboven named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, however purpose interval registered agent agen							Street Ac	dress (P.	O. Bo	x Number is Not Acceptable)	1		
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. I am familiar with, and accept the obligations of registered agent.    Signature													
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GNATURE: 

The first and supplied with this filling does not qualify for the exemption stated in Section 119.0/(3)(), 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 10 or Block 11 if changed, or on an attachment with an address, why all other like empowered.

Signature: 

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 10 or Block 11 if changed, or on an attachment with an address, why all other like empowered.

Signature: 

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, I further certify that the information indicated in the report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated in the report of the corporation or the receiver or trustees. The report of the corporation or the receiver of the corporation or the receiver or trustees. The report of the corporation or the receiver of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation of t

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

### 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

OCUMENT #

P98000025039

Entity Name

TEL HOLDINGS, INC.

				35/	04/04/101				
incipal Place 01 S HARBOU ITE 220 IAMPA FL 3360	R ISLAND BLVD	Mailing Address 601 S HARBOUR ISLAND B STE 220 TAMPA FL 33602 US	LVD		80099471				
	ce of Business	3. Mailing Address	<del></del>			 			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4.	FEI Number 59-3503028   Applied F				
Zip	Country	Zip	Country	5.		\$8.75 Additional Fee Required			
	6. Name and Address of Current F	legistered Agent		7.	Name and Address of New Registered	Agent			
			Name						
	DRATION SYSTEM TH PINE ISLAND ROAD		Street Ad	dress (P.O. E	ss (P.O. Box Number is Not Acceptable)				
	ON FL 33324		<del></del>		<del></del>				
PLANIAIR	JN FL 33324								
			City		FL	Zip Code	j		
	named entity submits this statement for ons of registered agent.	the purpose of changing its re	egistered office or	egistered aç	gent, or both, in the State of Florida. I am	familiar with, ar	id accept		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable (1907E	Registered Agent signatur	e required when	reinstating) DATE				
After	LE NOW!!! FEE IS \$150.00 May 1,2003 Fee will be \$550.00 Payable to Florida Department of	State :			9. Election Campaign Financing Trust Fund Contribution.  [	\$5.00 Added to	May Be o Fees		
10.	OFFICERS AND	DIRECTORS	11.	A	DDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS	IN 11		
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12. 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to procure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with

SIGNATURE:

4/28/03

Affachment

813.233.4612