

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90337 045 ***150.00

DOCUMENT # P98000034408

1. Entity Name

ALL FLORIDA PAGING INCORPORATED

Principal Place of Business

410 NORTH STREET
SUITE 138
LONGWOOD FL 32750

Mailing Address

410 NORTH STREET
SUITE 138
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3289932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUIDA, FRANK J
500 NORTH MAITLAND AVENUE
SUITE 308
MAITLAND FL 32751

Name

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

City

FL

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 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUIDA, FRANK J	
STREET ADDRESS	500 NORTH MAITLAND AVENUE SUITE 308	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	P, D	<input type="checkbox"/> Delete
NAME	Richard Freihofe	
STREET ADDRESS	1912 Vienna Avenue	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	T	<input type="checkbox"/> Delete
NAME	Angie Freihofe	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V P, D	<input type="checkbox"/> Delete
NAME	ALAN J Stanford	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Freihofe	
STREET ADDRESS	1912 Vienna Avenue	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angie Freihofe	
STREET ADDRESS	1912 Vienna Avenue	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN J Stanford	
STREET ADDRESS	2300 OLD mims Rd	
CITY-ST-ZIP	GENEVA, FL 32732	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-2001

CR2E034 (10/00)