

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA8000036991**

Entity Name
PSI Telecom Inc.
417 Centerpointe Cir. #1701
Altamonte Springs, FL 32701

Principal Place of Business
417 Centerpointe Cir Ste 1701
Altamonte Springs, FL 32701

Principal Place of Business
17 Centerpointe Cir

Suite, Apt. #, etc.
1701

City & State
Altamonte Springs, FL

Zip
32701

Country
USA

3. Mailing Address
Same as Above

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59 351 2215

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

A0038524

6. Name and Address of Current Registered Agent

Richard S. Rhodes
126 E. Jefferson St.
Orlando, FL 32801

(Spencer Rhodes)

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

8. 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...**

1. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE ☒ **Vice President**
NAME **Patrick Fichtner**
STREET ADDRESS **1711 Sweetwater West Cir**
CITY-ST-ZIP **Altamonte, FL 32701**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE ☒ **Rosetta Wallis**
NAME **490 N. Pin Oak Dr**
STREET ADDRESS **Altamonte, FL 32701**
CITY-ST-ZIP **Altamonte, FL 32701**
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

2-26-01

Date

407-260-6255

Daytime Phone #

CR2E034 (11/00)