

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057498

1. Entity Name

HOTLINE VOICE AND DATA INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90255 021 ***150.00

0066526

Principal Place of Business

3710A SILVER STAR RD
ORLANDO FL 32808

Mailing Address

3710A SILVER STAR RD
ORLANDO FL 32808

2. Principal Place of Business

2053 PREMIER ROW

3. Mailing Address

2053 PREMIER ROW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3528272

Applied For

Not Applicable

Zip

32809

Country

USA

Zip

32809

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

STEPHENSON, MICHAEL G
3710A SILVER STAR RD
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

STEPHENSON, MICHAEL G

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

302 SAN SEBASTIAN CT W

City

ORLANDO

FL

Zip Code

32714

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 M. G. STEPHENSON PRESIDENT

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

TITLE	P	<input type="checkbox"/> Delete
NAME	STEPHENSON, MICHAEL G	
STREET ADDRESS	3710A SILVER STAR RD	
CITY-ST-ZIP	ORLANDO FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, MICHAEL G	
STREET ADDRESS	302 SAN SEBASTIAN CT W.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MORRIS	
STREET ADDRESS	2053 PREMIER ROW	
CITY-ST-ZIP	ORLANDO FL 32809	
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		
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: M. G. STEPHENSON MICHAEL G STEPHENSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

407 293 5442

Daytime Phone #

CR2E034 (10/00)