

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098571

1. Entity Name

SUNTEL METRO, INC.

Principal Place of Business

127 N. MAGNOLIA AVE
ORLANDO FL 32801

Mailing Address

127 N. MAGNOLIA AVE
ORLANDO FL 32801-2301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3550100

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

NISI, FRANK P JR
918 ORANGE AVENUE
WINTER PARK FL 32789

Name RICHARD J. KIRKWOOD
Street Address (P.O. Box Number is Not Acceptable)
127 N. Magnolia Ave
City Orlando FL Zip Code 32801

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, 2000 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
NAME KIRKWOOD, RICHARD J
STREET ADDRESS 127 N MAGNOLIA AVE
CITY-ST-ZIP ORLANDO FL 32801

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90034 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)