

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029742

1. Entity Name

CALL ONE TECHNICAL SERVICES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90079 037 ***158.75

Principal Place of Business

Mailing Address

8810 ASTRONAUT BLVD.
CAPE CANAVERAL FL 32920

8810 ASTRONAUT BLVD.
CAPE CANAVERAL FL 32920-4239

80005514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

MAYS, BERCHET E
8810 ASTRONAUT BLVD.
CAPE CANAVERAL FL 32920

Name
BERCHET E. O'DANIEL

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

8810 ASTRONAUT BLVD

City CAPE CANAVERAL

FL

Zip Code
32920

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 *Berchet E. Mays*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAYS, BERCHET E
8810 ASTRONAUT BLVD.
CAPE CANAVERAL FL 32920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BERCHET E. O'DANIEL ☒ Change ☐ Addition
8810 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
WILLIAM R. MAYS ☐ Change ☒ Addition
8810 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 *Berchet E. O'Daniel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 321-783-240

CR2E034 (9/99)