561-832-3119 CARLA L. BROWN P.A. 4/1

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State
04-18-2000 90800 027 ***150.00

DOCUMENT # P99000033448

1. Entity Name

PALM BEACH TELEPORT, INC.

R

Principal Place of Business	Mailing Address
301 CLEMATIS STREET SUITE 203 WEST PALM BEACH FL 33401	301 CLEMATIS STREET SUITE 203 WEST PALM BEACH FL 33401-4601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
330 CLEMATIS ST.	330 CLEMATIS ST.
Suite, Apt # etc: STE 211	Suite, Apt # etc: STE 21P
City & State: WEST PALM BEACH, FL	City & State: West Palm Beach FL
Zip: 33401 Country:	Zip: 33401 Country:

4. FEI Number: 65-1034935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BROWN, CARLA L ESQ.~~
~~301 CLEMATIS STREET~~
~~SUITE 203~~
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: CARLA L. BROWN HARWARD, P.A.
Street Address (P.O. Box Number is Not Acceptable): 330 CLEMATIS STREET
Ste 211
City: WEST PALM BEACH FL Zip Code: 33401

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: Carla L. Brown Harward, President 8-25-00

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 BEFORE MAY 1 TO AVOID $400.00 LATE FEE. 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 ST. PE, EDWARD 916 FOLEY STREET JACKSON MS 39205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Edward St. Pe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #