2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90120 050 ***150.00

DOCUMENT # P99000033448

1. Entity Name
PALM BEACH TELEPORT, INC.

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 33401-4801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
330 Clematis Street	330 Clematis Street
Suite, Apt #, etc: Suite 211	Suite, Apt #, etc: Suite 211
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, Suite 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 [signature] Carla L. Brown Harward 4-23-01
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 [illegible] FEE IS $150.00
After [illegible] Fee will be $[illegible]
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	President, Secretary, Treasurer ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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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CR2E034 (9/99)

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] 4/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #