

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066393

1. Entity Name

ONE EZ CALL, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90010 047 ***550.00

Principal Place of Business

4395 LORI LOOP
KEYSTONE HEIGHTS FL 32656

Mailing Address

4395 LORI LOOP
KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

4395 LORI LOOP

3. Mailing Address

PO Box 1311

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Keystone HTS FL

City & State

MIDDLEBURG FL

4. FEI Number

59-3590754

Applied For

Not Applicable

Zip

32656

Country

USA

Zip

32050

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORDINGLEY, THOMAS J
4395 LORI LOOP
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name

CORDINGLEY, THOMAS J

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

4395 Lori Loop

City

Keystone HTS

FL

Zip Code
32656

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME CFO
STREET ADDRESS Thomas J Cordingley
CITY-ST-ZIP 4395 Lori Loop
Keystone HTS FL 32656

TITLE ☐ Delete
NAME CEO
STREET ADDRESS LAURA B. Cordingley
CITY-ST-ZIP 4395 Lori Loop
Keystone HTS FL 32656

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/00
Date

352-473-4879
Daytime Phone #