

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90092 049 ***550.00

0091868 AV

DOCUMENT # P99000072754

1. Entity Name
JTL TELECOM, INC.

Principal Place of Business
**5905 JOHNS ROAD
 TAMPA FL 33634**

Mailing Address
**5905 JOHNS ROAD
 TAMPA FL 33634**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address P.O. Box 263411	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA, FL	
Zip	Country	Zip 33634	Country USA
4. FEI Number 31-6553296		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FORD, JEROME ONE DAT CENTER 5905 JOHNS ROAD TAMPA FL 33634		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code FL	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jerome Ford* DATE 9-2-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORD, JEROME		NAME FORD, JEROME	
STREET ADDRESS 1927 PINE STREET		STREET ADDRESS 1927 PINE STREET	
CITY-ST-ZIP TAMPA FL 33607		CITY-ST-ZIP TAMPA FL 33607	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUNETTE, THOMAS D		NAME BRUNETTE, THOMAS D	
STREET ADDRESS 906 SYMPHONY LANE		STREET ADDRESS 906 SYMPHONY LANE	
CITY-ST-ZIP APOLLO BEACH FL 33572		CITY-ST-ZIP APOLLO BEACH FL 33572	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REID, DAVID W		NAME REID, DAVID W	
STREET ADDRESS 3723 MULLENHURST DRIVE		STREET ADDRESS 3723 MULLENHURST DRIVE	
CITY-ST-ZIP PALM HARBOR FL 34685		CITY-ST-ZIP PALM HARBOR FL 34685	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRICKLEY, TOB S		NAME TRICKLEY, TOB S	
STREET ADDRESS 5905 JOHNS ROAD		STREET ADDRESS 5905 JOHNS ROAD	
CITY-ST-ZIP TAMPA FL 33634		CITY-ST-ZIP TAMPA FL 33634	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jerome Ford* **SIGNATURE REQUIRED** 9-2-02 813 601-8459

CR2E034 (4/02)