

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085372

1. Entity Name

ONE CALL SETUP, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90112 010 ***150.00

Principal Place of Business

6163 SEAGULL LANE
LAKELAND FL 33809

Mailing Address

6163 SEAGULL LANE
LAKELAND FL 33809-5686

2. Principal Place of Business

Suite, Apt. #, etc.

1802 Crystal Lk Dr,

City & State

LK, FL

Zip

33801

Country

3. Mailing Address

P.O. Box 1792

Suite, Apt. #, etc.

City & State

Eaton Pk FL

Zip

33840

Country

4. FEI Number

59-3600044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESCOTT, GERALD H
6163 SEAGULL LANE
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name

Same

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

1802 N. CRYSTAL LK DR

City

LAKELAND

FL

Zip Code

33801

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

Gerald H. Prescott

Gerald H. Prescott

1-18-00

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 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

TITLE D ☐ Delete

NAME PRESCOTT, DAVID L
STREET ADDRESS 6163 SEAGULL LANE
CITY-ST-ZIP LAKELAND FL 33809

TITLE D ☐ Delete

NAME PRESCOTT, GERALD H
STREET ADDRESS 6163 SEAGULL LANE
CITY-ST-ZIP LAKELAND FL 33809

TITLE D ☐ Delete

NAME AVERETT, SAM A
STREET ADDRESS 2901 BROOKS STREET
CITY-ST-ZIP LAKELAND FL 33803

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 Vice President ☐ Change ☒ Addition

NAME Donell Parish
STREET ADDRESS 810 Rockingham Rd,
CITY-ST-ZIP LK, FL, 33809

TITLE Director ☒ Change ☐ Addition

NAME David L. Prescott
STREET ADDRESS 476 Club Dr
CITY-ST-ZIP Wintersprings FL 32708

TITLE Director ☒ Change ☐ Addition

NAME Gerald H. Prescott
STREET ADDRESS 161705 ban st,
CITY-ST-ZIP LK, FL, 33803

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:

Gerald H. Prescott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00

(94)

581-7506