

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90016 029 ***150.00

0422459 AV

DOCUMENT # P99000088613

1. Entity Name

RFB COMMUNICATIONS GROUP, INC.

Principal Place of Business

**215 E DAVIS BLVD
TAMPA FL 33606**

Mailing Address

**215 E DAVIS BLVD
TAMPA FL 33606**

2. Principal Place of Business

107 N. 11th St.

3. Mailing Address

107 N. 11th St.

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Tampa FL

City & State

Tampa FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. FEI Number

59-3603036

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIVYER, NEAL A
220 SOUTH FRANKLIN ST.
TAMPA FL 33602**

see address change

7. Name and Address of New Registered Agent

Name

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

100 SOUTH ASHLEY ST., Suite 2100

City

Tampa

FL

Zip Code

33602

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 \$150.00
After May 1, 2002 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: **PST** ☐ Delete
NAME: **BOLAND, SUZANNE**
STREET ADDRESS: **215 E DAVIS BLVD**
CITY-ST-ZIP: **TAMPA FL 33606**

TITLE: **VP** ☐ Delete
NAME: **ROOP, ELIZABETH**
STREET ADDRESS: **215 E DAVIS BLVD**
CITY-ST-ZIP: **TAMPA FL 33606**

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: **107 N. 11th St., Suite 2**
CITY-ST-ZIP: **Tampa, FL 33602**

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: **107 N. 11th St., Suite 2**
CITY-ST-ZIP: **Tampa, FL 33602**

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:

Suzanne Boland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02 813/254-0342
Date Daytime Phone #

CR2E034 (9/01)