

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90079 041 ***158.75

0083539

DOCUMENT # P99000094311

1. Entity Name
CITY-TEL COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
1909 N. TAMiami TRAIL, NORTH **1909 N. TAMiami TRAIL, NORTH**
FT. MYERS FL 33903 **FT. MYERS FL 33903**

2. Principal Place of Business 3. Mailing Address
1003 ACTON AVE. **1003 ACTON AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
LEHIGH ACRES, FL. **LEHIGH ACRES, FL.** **65-0957987** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

33971 **U.S.** **33971** **U.S.**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LYNN, DUSTIN
320 VAN BUREN ST.
FT. MYERS FL 33916

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D LYNN, DUSTIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, DUSTIN	NAME	
STREET ADDRESS	320 VAN BUREN ST.	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33916	CITY-ST-ZIP	
TITLE	D TAYLOR, KEVIN <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, KEVIN	NAME	Taylor, KEVIN
STREET ADDRESS	1909 N. TAMiami TRAIL, NORTH	STREET ADDRESS	1003 ACTON AVE.
CITY-ST-ZIP	FT. MYERS FL 33903	CITY-ST-ZIP	LEHIGH ACRES, FL. 33971
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	
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: DUSTIN SCOTT LYNN 4-17-01 941-848-6362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)