

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90891 036 ***158.75

DOCUMENT # **P99000094311**

1. Entity Name
City-Tel Communications, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1560 Matthew Dr.
Suite, Apt. #, etc.
Suite E
City & State
 Ft. Myers, FL
Zip
33907 Country
USA

3. Mailing Address
1560 Matthew Dr.
Suite, Apt. #, etc.
Suite E
City & State
 Ft. Myers, FL
Zip
33907 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0957987

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Taylor, Kevin
Street Address (P.O. Box Number is Not Acceptable)
1003 Acton Avenue
Lehigh Acres
City **Lehigh Acres** **FL** Zip Code **33971**

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  **Kevin Taylor** **4-28-02**
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution


11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Lynn, Dustin
STREET ADDRESS	320 Van Buren St.
CITY-ST-ZIP	Ft. Myers, FL 33916
TITLE	D
NAME	Taylor, Kevin
STREET ADDRESS	1003 Acton Avenue
CITY-ST-ZIP	Lehigh, FL 33971
TITLE	D
NAME	Couture, Christopher
STREET ADDRESS	4309 3rd Street West
CITY-ST-ZIP	Lehigh, FL 33971
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowers.

SIGNATURE:  **DUSTIN LYNN** **4-28-02** **239-693-0711**
Signature and typed or printed name of signing officer or director Date Daytime Phone #