

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90195 004 ***158.75

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1. Entity Name
CITY-TEL COMMUNICATIONS, INC.

Principal Place of Business
**1560 MATTHEW DR
STE E
FORT MYERS FL 33907**

Mailing Address
**1560 MATTHEW DR
STE E
FORT MYERS FL 33907**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0957987**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, KEVIN
1003 ACTION AVE
LEHIGH ACRES FL 33971**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D LYNN, DUSTIN**
STREET ADDRESS **320 VAN BUREN ST.**
CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE Change Addition
NAME **D LYNN, DUSTIN**
STREET ADDRESS **316 S.W. 7th TER.**
CITY-ST-ZIP **CAPE CORAL, FL. ~~33904~~ 33991**

TITLE Delete
NAME **D TAYLOR, KEVIN**
STREET ADDRESS **1003 ACTON AVENUE**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D COURTURE, CHRISTOPHER**
STREET ADDRESS **4309 3RD STREET WEST**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE Change Addition
NAME **D COURTURE, CHRISTOPHER**
STREET ADDRESS **1560 MATTHEW DR., SUITE E**
CITY-ST-ZIP **FT. MYER, FL. 33907**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED DUSTIN LYNN** 4/21/03 239-274-7004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)