

2000 UNIFORM BUSINESS REPORT (UBR)

2/2/22/1

DOCUMENT # P99000107127

1. Entity Name

VALUTEL COMMUNICATIONS SYSTEMS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

02-22-2000 90058 029 ***150.00

Principal Place of Business

Mailing Address

PO BOX 120249

CLERMONT FL 34712-0249

127 Sunnyside Dr.

CLERMONT FL 34711

PO BOX 120249

CLERMONT FL 34712-0249

2. Principal Place of Business

127 Sunnyside Dr.

3. Mailing Address

POB 120249

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLERMONT FL

City & State

CLERMONT FL

4. FEI Number

59-3623809

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

DANIELS, WESLEY JOE

PO BOX 120249

CLERMONT FL 34712-0249

7. Name and Address of New Registered Agent

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

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CO-OWNER 127 Sunnyside Dr.
CLERMONT FL 34711
Wesley Joe Daniels
P.O. BOX 120249
CLERMONT FL 34712

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CO-OWNER
Gerald M. Langford
108 E. Holly St
HOLLYWOOD FL 34737

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: Wesley Joe Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 243-4483