

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90164 043 ***150.00

DOCUMENT # S72521

1. Entity Name

CELL-TEL INTERNATIONAL, INC.

Principal Place of Business

10321 Fortune Parkway
Suite 200
Jacksonville, FL 32256
US

Mailing Address

10321 Fortune Parkway
Suite 200
Jacksonville, FL 32256
US

2. Principal Place of Business

10321 Fortune Parkway
Suite, Apt. #, etc.
Suite 200

3. Mailing Address

10321 Fortune Parkway
Suite, Apt. #, etc.
Suite 200

City & State
Jacksonville, FL 32256

Zip **Country**

City & State
Jacksonville, FL 32256

Zip **Country**

4. FEI Number
59-3079444

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

A0051158

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Wilson, Elizabeth A.
10321 Fortune Parkway
Suite 200
Jacksonville, FL 32256

7. Name and Address of New Registered Agent

Name Elizabeth A. Wilson
Street Address (P.O. Box Number is Not Acceptable) 10321 Fortune Parkway
Suite 200
City Jacksonville **FL** **Zip Code** 32256

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, 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

TITLE PD ☒ Delete
NAME WILSON, ELIZABETH A.
STREET ADDRESS 10321 FORTUNE PKWY, #200
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VSD ☒ Delete
NAME MEAD, C.
STREET ADDRESS 2207 WOOD HILL PL
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VTD ☒ Delete
NAME BULMER, R.
STREET ADDRESS 409 VIRGO LANE
CITY-ST-ZIP ORANGE PARK, FL

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 PSTD ☒ Change ☐ Addition
NAME WILSON, ELIZABETH A.
STREET ADDRESS 10321 FORTUNE PARKWAY, #200
CITY-ST-ZIP JACKSONVILLE, FL

TITLE V&S/a/t&d ☒ Change ☐ Addition
NAME MEAD, C.
STREET ADDRESS 2207 WOOD HILL PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32256

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-01

(904) 363-1111

CR2E034 (11/00)