

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
 09-12-2000 90239 028 ***550.00

DOCUMENT # F97000006459

1. Entity Name
TELEFYNE INCORPORATED

Principal Place of Business Mailing Address
 PO BOX 2251 PO BOX 2251
 PACE FL 32571 PACE FL 32571

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
50-3445369 Not Applicable
03-1194114

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEVENS, CHRISTINE
5032 FOREST CREEK DRIVE 4286 Woodbine Rd,
PACE FL 32571 **Stk B**

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 _____ 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PCSD	BELLAS, JORGE		
STREET ADDRESS	5032 FOREST CREEK DRIVE 4286 Woodbine Rd	STREET ADDRESS	4286 Woodbine Rd, Stk B
CITY-ST-ZIP	PACE FL Stk B	CITY-ST-ZIP	
T	STEVENS, CHRISTINE		
STREET ADDRESS	5032 FOREST CREEK DRIVE 4286 Woodbine Rd	STREET ADDRESS	4286 Woodbine Rd, Stk B
CITY-ST-ZIP	PACE FL Stk B	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 another like empowered.

SIGNATURE: **SIG REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9-6-00** Daytime Phone #: **850-945-8807**

CR2E034 (5/00)