

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90047 037 \*\*\*150.00

DOCUMENT # J57573

1. Entity Name  
TEL-A-SALE, INC.

Principal Place of Business

5315 S. BAYSHORE BLVD.  
TAMPA FL 33611  
US

Mailing Address

5315 SOUTH BAYSHORE AVE.  
TAMPA FL 33611  
US

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 59-2768672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, PAUL C.  
ONE HARBOUR PLACE  
SUITE 500  
TAMPA FL 33602

Name THOMAS P. McNAMARA  
Street Address (P.O. Box Number is Not Acceptable)  
2409 DAY TO DAY  
SUITE 309  
City TAMPA FL Zip Code 33629

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD  
NAME BERNSTEIN, BRUCE L  
STREET ADDRESS 2410 TERESA CIR #10G  
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7214 COLONIAL LAKE DR.  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE TD  
NAME BERNSTEIN, ALVIN  
STREET ADDRESS 3301 BAYSHORE BLVD #2001  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME BERNSTEIN, ANDREW  
STREET ADDRESS 5315 S. BAYSHORE BLVD.  
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE ☐ Delete  
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 #

ANDREW BERNSTEIN - PRES 10 APRIL 01 813 812 9900

CR2E034 (10/00)