

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90083 007 \*\*\*150.00

**DOCUMENT # P00000113167**

1. Entity Name

**TELJEAN.COMMUNICATIONS, INC.**

Principal Place of Business

**6000 PELICAN BAY BLVD #1504  
 NAPLES FL 34108**

Mailing Address

**6000 PELICAN BAY BLVD #1504  
 NAPLES FL 34108**

2. Principal Place of Business

**6000 PELICAN BAY BLVD**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**0-1504**

Suite, Apt. #, etc.

City & State

**NAPLES FL**

City & State

4. FEI Number

**59-3691718**

Applied For

Not Applicable

Zip

**34108**

Country

**COLLIER**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOLHOEK, JEAN D  
 6000 PELICAN BAY BLVD #1504  
 NAPLES FL 34108**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRES / CEO	JEAN D MOLHOEK	6000 PELICAN BAY BLVD	NAPLES, FL 34108	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**JEAN D. MOLHOEK**  
 JEAN D. MOLHOEK

Date

**4-25-01 598 2803**

Daytime Phone #

CR2E034 (10/00)