

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90037 040 ***158.75

DOCUMENT # **P01000019964**

1. Entity Name

Telectric Communication Services, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3230 N. Ponce de Leon Road

Suite, Apt. #, etc.

3. Mailing Address

3230 N. Ponce de Leon Road

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

061000019964

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

05-1079781

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Larry Hardy

Street Address (P.O. Box Number is Not Acceptable)

3230 N. Ponce de Leon Road

City

Pompano Beach, FL

FL

Zip Code

33069

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

Larry W. Hardy

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>President Larry W. Hardy 3230 N. Ponce de Leon Road Pompano Beach, FL 33069</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-President Bruce M. Freedman 3230 N. Ponce de Leon Road Pompano Beach, FL 33069</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary William A. Starling 1904 Hoffman Road Fort Pierce, FL 34947</i>
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IN THIS SPACE**

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 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 #

CR2E034B (12/01)