

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32023**

1. Entity Name
TELECO COMMUNICATIONS, LTD.

FILED

02 MAY -1 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
**24 HARRISON AVENUE
PANAMA CITY FL 32401**

Mailing Address
**24 HARRISON AVENUE
PANAMA CITY FL 32401**

2. Principal Place of Business
475 HARRISON Ave.

3. Mailing Address
475 HARRISON Ave

Suite, Apt. #, etc.
Suite 203-D

Suite, Apt. #, etc.
Suite 203-D

City & State
PANAMA CITY FL.

City & State
PANAMA CITY FL.

Zip
32401

Country
RAY

Zip
32401

Country
RAY

DUE BY MAY 1, 2002

4. FEI Number
59-3115975

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

**FAIRCLOTH, RODNEY
24 HARRISON AVENUE
PANAMA CITY FL 32401**

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.

9. Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S72682 TELECO SERVICES, INC. 24 HARRISON AVENUE PANAMA CITY FL	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **RODNEY FAIRCLOTH** **4-27-02 850-785-2449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)