FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90062 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F00000002029**

1. Entity Name

TELECENTS COMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
8615 Richardson Road	**1720 Windward Concourse**
Suite, Apt. #, etc.: **Suite 200**	Suite, Apt. #, etc.: **Suite 250**
City & State: **Walled Lake** **Michigan**	City & State: **Alpharetta** **GA**
Zip: **48390** Country: **USA**	Zip: **30005** Country: **USA**

4. FEI Number: **38-3346124** ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: **National Corporate Research, Ltd.**

Street Address (P.O. Box Number is Not Acceptable): **1406 Hays Street, Suite 2**

City: **Tallahassee** **FL** Zip Code: **32301**

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) ☐

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	**President/Treasurer/Director**
NAME	**Jeffrey P. Lauzon**
STREET ADDRESS	**8615 Richardson Road**
CITY-ST-ZIP	**Walled Lake Michigan 48390**
TITLE	**Secretary**
NAME	**Cynthia Brown**
STREET ADDRESS	**8615 Richardson Road**
CITY-ST-ZIP	**Walled Lake Michigan 48390**
TITLE	**Vice President**
NAME	**Mark Lauzon**
STREET ADDRESS	**8615 Richardson Road**
CITY-ST-ZIP	**Walled Lake Michigan 48390**
TITLE	
NAME	
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CR2E034B (12/01)

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: Jeff Lauzon JEFF LAUZON CEO 248-366-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #