

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002551

Entity Name  
TURNKEY TELE SOLUTIONS, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90156 045 \*\*\*150.00

Principal Place of Business  
3290 LORDMALL COURT  
OVIEDO FL 32765

Mailing Address  
3290 LORDMALL COURT  
OVIEDO FL 32765



Principal Place of Business  
500 SAVAGE COURT  
Suite, Apt. #, etc.

3. Mailing Address  
500 SAVAGE COURT  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
LONGWOOD, FL

City & State  
LONGWOOD, FL

4. FEI Number  
59-3636860

Applied For  
Not Applicable

Zip  
32760

Country  
USA

Zip  
32750

Country  
USA

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

## 6. Name and Address of Current Registered Agent

PETERSON, CHRIS  
3290 LORDMALL COURT  
OVIEDO FL 32765

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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

1. TITLE OFFICER	P PETERSON, CHRIS 3290 LORDMALL COURT OVIEDO FL	<input type="checkbox"/> Delete
2. TITLE OFFICER		<input type="checkbox"/> Delete
3. TITLE OFFICER		<input type="checkbox"/> Delete
4. TITLE OFFICER		<input type="checkbox"/> Delete
5. TITLE OFFICER		<input type="checkbox"/> Delete
6. TITLE OFFICER		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

2-1-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)