

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90079 032 ***150.00

DOCUMENT # F00000005496

1. Entity Name
TELCOLLECT, INC.



Principal Place of Business
**5555 TRIANGLE PARKWAY, STE 200
NORCROSS GA 30092**

Mailing Address
**5555 TRIANGLE PARKWAY, STE 200
NORCROSS GA 30092**



2. Principal Place of Business
3100 Medlock Bridge Rd

Suite, Apt. #, etc.
Suite 140

City & State
Norcross GA

3. Mailing Address
3100 Medlock Bridge Road

Suite, Apt. #, etc.
Suite 140

City & State
Norcross GA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2522740**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., STE 508
MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
FEIST, LEE
5555 TRIANGLE PKWY, STE 200
NORCROSS GA** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
REINHOLD, HENRY
59 MAIDEN LANE
NEW YORK NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FINKEL, BRYAN
37 ANGUS LANE
GREENWICH CT** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TINA, WHITFIELD
5555 TRIANGLE PARKWAY STE 200
NORCROSS GA 30092** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Director
Joseph Doherty
3100 Medlock Bridge Road, Suite 140
Norcross, GA 30071** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Director
Jackie Wilkinson
3100 Medlock Bridge Road, Suite 140
Norcross, GA 30071** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO/Director
Tina Whitfield
3100 Medlock Bridge Road, Suite 140
Norcross, GA 30071** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Jackie Wilkinson 11/31/03 678-268-2346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)