

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000006803**

1. Entity Name

TELCO ELECTRONICS, INC.

Principal Place of Business

**103-B WEST FEDERAL STREET
MIDDLEBURG VA 20117**

Mailing Address

**PO DRAWER 185
MIDDLEBURG VA 20118-0185**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****BOLAND, SUZANNE L
215 E. DAVIS BLVD
TAMPA FL 33606**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. 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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PCS	<input checked="" type="checkbox"/> Delete
NAME	BROWN, WILLIAM G IV	
STREET ADDRESS	103-B W. FEDERAL ST.	
CITY-ST-ZIP	MIDDLEBURG VA 20117	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen R. Bucklin	
STREET ADDRESS	548 Woodsworth Circle	
CITY-ST-ZIP	Purcellville VA 20132	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	U.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony J. Gleave	
STREET ADDRESS	548 Woodsworth Circle	
CITY-ST-ZIP	Purcellville, VA 20132	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward A. Peters	
STREET ADDRESS	17802 Madison Avenue	
CITY-ST-ZIP	Hamilton, VA 20158	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE:

Edward A. Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR8/27/01
Date

Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90007 038 ***550.00



DO NOT WRITE IN THIS SPACE

001455

CR2E034 (10/00)