

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90315 017 ***150.00

0065683
AV

DOCUMENT # F02000000844

1. Entity Name
TELEDIRECT COMMUNICATIONS, INC.



Principal Place of Business
4286 WOODBINE ROAD, SUITE B
PAGE FL 32571

Mailing Address
4286 WOODBINE ROAD, SUITE B
PAGE FL 32571



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **88-0503015**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENS, CHRISTINE
4286 WOODBINE ROAD, SUITE B
PAGE FL 32571

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BELLAS, JORGE JR.**
STREET ADDRESS **5032 FOREST CREEK DRIVE**
CITY-ST-ZIP **PAGE FL 32571**

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

TITLE **VTAS** ☐ Delete
NAME **SMITH, RUTHERFORD**
STREET ADDRESS **24566 PERDIDO BEACH BLVD.**
CITY-ST-ZIP **ORANGE BEACH AL 36561**

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

TITLE **VAST** ☐ Delete
NAME **MARR, THOMAS JR.**
STREET ADDRESS **24566 PERDIDO BEACH BLVD.**
CITY-ST-ZIP **ORANGE BEACH AL 36561**

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

TITLE **AST** ☐ Delete
NAME **STEVENS, CHRISTINE**
STREET ADDRESS **3487 JUBILEE DRIVE**
CITY-ST-ZIP **PAGE FL 32571**

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

TITLE **CD** ☐ Delete
NAME **MARR, THOMAS M SR.**
STREET ADDRESS **P.O. BOX 8548**
CITY-ST-ZIP **MOBILE AL 36689**

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

TITLE **AST** ☐ Delete
NAME **MARR, CHRISTINE S**
STREET ADDRESS **740 MUSEUM DRIVE**
CITY-ST-ZIP **MOBILE AL 36608**

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-03

850.995.8802

CR2E034 (10/02)