

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90223 038 \*\*\*150.00

0562640 AT

<b>DOCUMENT #</b>	<b>F93000000336</b>
1. Entry Name <b>TELCORP. LTD. COMPANY</b>	

Principal Place of Business <b>1250 BROADWAY HEWLETT NY 11557</b>	Mailing Address <b>6455 EAST JOHNS CROSSING SUITE 285 DULUTH GA 300947</b>
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2. Principal Place of Business <b>99 W. Hawthorne Ave.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 400</b>	Suite, Apt. #, etc.
City & State <b>Valley Stream, NY</b>	City & State
Zip <b>11580</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>113047191</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>TCS CORPORATE SERVICES, INC. 1406 HAYS STREET SUITE #2 TALLAHASSEE FL 32301</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT SAMUELS, STEPHEN 1250 BROADWAY HEWLETT NY 11557</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>99 W. Hawthorne Ave., Ste. 400 Valley Stream, NY 11580</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS INGUAGIATO, JOSEPH 1250 BROADWAY HEWLETT NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>99 W. Hawthorne Ave., Ste. 400 Valley Stream, NY 11580</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

**SIGNATURE:** *John Jones* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3-29-02 516 872 8100** **Date Daytime Phone #**

CR2E034 (9/01)