

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004895

Entity Name

TELETRONICS REALTY SERVICES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90060 002 ***150.00

Principal Place of Business	Mailing Address
6TH AVE., STE 1610 STE 3302 SEATTLE WA 98121	2001 6TH AVE., STE 1610 SUITE 3302 SEATTLE WA 98121-2557 US

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
91-1656035	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVENPORT, ROBERT V 1321 SAN MATEO AVE JACKSONVILLE FL 32207	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.

NATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
ST ADDRESS	PTD HOLLAND, PETER T 2001 6TH AVE, SUITE 3302 SEATTLE WA 98121	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP	2001 6TH AVE, SUITE 3302 SEATTLE WA 98121		NAME	Cal Payne	
			STREET ADDRESS	2001 6th Ave, Suite 3302	
			CITY-ST-ZIP	Seattle, WA 98121	
ST ADDRESS	VDS WYSOCKI, BRENT W 4015 WYLDWOOD AUSTIN TX 78739	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	4015 WYLDWOOD AUSTIN TX 78739		NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
ST ADDRESS	V DAVENPORT, ROBERT V 1321 SAN MATEO AVENUE JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	1321 SAN MATEO AVENUE JACKSONVILLE FL 32207		NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
ST ADDRESS		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
ST ADDRESS		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
ST ADDRESS		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
		March 20-00	604-576 4755

CR2E034 (9/99)