

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90097 046 \*\*\*550.00

**DOCUMENT # F95000004790**1. Entity Name  
**CORPORATE SERVICES TELCOM, INC.**

Principal Place of Business

**360 MERRIMACK ST  
BLDG 5. FLOOR 3  
LAWRENCE MA 01843  
US**

Mailing Address

**360 MERRIMACK ST  
BLDG 5. FLOOR 3  
LAWRENCE MA 01843  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **88-0345534**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PDC** ☐ Delete  
NAME **LESAFFRE, CHRISTOPHER**  
STREET ADDRESS **360 MERRIMACK ST**  
CITY-ST-ZIP **LAWRENCE MA**TITLE **VS** ☐ Change ☒ Addition  
NAME **LESAFFRE, CHRISTOPHER**  
STREET ADDRESS **360 MERRIMACK ST**  
CITY-ST-ZIP **LAWRENCE, MA 01843**TITLE **T** ☐ Delete  
NAME **LESAFFRE, CHRISTOPHER**  
STREET ADDRESS **360 MERRIMACK ST**  
CITY-ST-ZIP **LAWRENCE MA 01843**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VSDC** ☒ Delete  
NAME **ANTESTENIS, DAVID**  
STREET ADDRESS **7830 FREEWAY CIRCLE**  
CITY-ST-ZIP **MIDDLEBURG HTS OH 44130**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/02

Date

978-681-1222

Daytime Phone #

CR2E034 (4/02)

Attachment



September 12, 2002  
Via Overnight Delivery

210 N. Park Ave.  
Winter Park, FL  
32789

P.O. Drawer 200  
Winter Park, FL  
32790-0200

Tel: 407-740-8575  
Fax: 407-740-0613  
tmi@tminc.com

Annual Report Filing  
Florida Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
850-488-9000

RE: Corporate Services Telcom, Inc.  
Florida Secretary of State Annual Report  
Document # F95000004790  
2002 Uniform Business Report (UBR)

67854

Dear Sir:

Enclosed please find the 2002 Uniform Business Report, which is being filed on behalf of Corporate Services Telcom, Inc.. A check in the amount of \$550.00 is enclosed to cover the fee.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this request should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Elizabeth A. Corddry  
Compliance Reporting Manager

cc: Contact Name -- Corporate Services Telcom, Inc.

file: Corporate Services Telcom, Inc. - Secretary of State - Florida