

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001031

1. Entity Name

ANDREW WETZLER TELEMARKETING RESOURCES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90057 001 ***150.00

Principal Place of Business

Mailing Address

1600 S FEDERAL HWY
 STE SCS
 BOCA RATON FL 33432
 US

5030 CHAMPION BLVD.
 #6249
 BOCA RATON FL 33496-2473
 US

2. Principal Place of Business

3. Mailing Address

1650 S. Dixie Highway

Suite, Apt. #, etc.

300

6299

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1669321

Applied For

Not Applicable

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

WETZLER, ANDREW
 23331 LA VIDA WAY
 BOCA RATON FL 33433

Name Philip Andrew Wetzler

Street Address (P.O. Box Number is Not Acceptable)

5030 Champion Blvd.

Suite 6299

City Boca Raton

FL

Zip Code 33496

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 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 \$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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
 NAME WETZLER, PHILIP A
 STREET ADDRESS 23331 LA VIDA WAY
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☒ Change ☐ Addition
 NAME 5030 Champion Blvd.
 STREET ADDRESS Suite 6299
 CITY-ST-ZIP Boca Raton, FL 33496

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ 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:

Philip A. Wetzler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

4/26/00

561-989-0745

Date

Daytime Phone #

CR2E034 (9/99)