

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002028

1. Entity Name

TELCASH-AMERINET, INC.

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

05-08-2000 90210 013 ***150.00

Principal Place of Business	Mailing Address
3 CENTERPOINTE DR STE 125 LAKE OSWEGO OR 97035 US	3 CENTERPOINTE DR STE 125 LAKE OSWEGO OR 97035-0610 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	93-1145706	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCCADDEN, ETNA
16805 US HWY 19N
CLEARWATER FL 34624

7. Name and Address of New Registered Agent

Name	Cindy Quever
Street Address (P.O. Box Number is Not Acceptable)	16805 B US Hwy 19N
City	Clearwater
FL	Zip Code 34624

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	<i>C. F. Quever</i>	C. F. QUEVER	4/25/00
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	DPS	TITLE	
NAME	KERLIN, DAVID	NAME	
STREET ADDRESS	14715 SW PEACHTREE DR	STREET ADDRESS	
CITY-ST-ZIP	TIGARD OR 97219	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	PROCHNOW, RICHARD	NAME	
STREET ADDRESS	2550 HERITAGE CT #106	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)