

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005114

1. Entity Name
TELE MASTER, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90073 033 ***150.00

Principal Place of Business

Mailing Address

C/O EURO-AMERICAN
5117 CASTELLO DR., STE 1
NAPLES FL 34103

C/O EURO-AMERICAN
5117 CASTELLO DR., STE 1
NAPLES FL 34133-0279

2. Principal Place of Business

3. Mailing Address

28000 Spanish Wells Blvd
Suite, Apt. #, etc.
200

P.O. Box 279
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs, FL
Zip
34135

City & State
Bonita Springs, FL
Zip
34133

4. FEI Number 59-3399548

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

AMBURN, JAMES
C/O EURO-AMERICAN
5117 CASTELLO DR., STE 1
NAPLES FL 34103

Name

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

28000 Spanish Wells Blvd
Suite 200
Bonita Springs FL 34135

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 NAME STREET ADDRESS CITY-ST-ZIP	TS PATALANO, ERIKA M 1516 NW 28TH AVE CAPE CORAL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATALANO, ANTHONY M 1516 NW 28TH AVE CAPE CORAL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- BLOHME, MANFRED M 1516 NW 28TH AVE CAPE CORAL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

Erika Patalano

3-22-00

941-992-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)