## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## **FILED** DOCUMENT # F96000006820 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** TELECOM EXPERTISE INDUSTRIES, INC. 01-20-2000 90118 008 \*\*\*158.75 Mailing Address Principal Place of Business P.O. BOX 67 5879 JAYSVILLE-ST. JOHN'S RD. **GREENVILLE OH 45331-0067 GREENVILLE OH 45331** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 31-1143656 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STINE, TOM Street Address (P.O. Box Number is Not Acceptable) 2788 KISSIMMEE BAY CIRCLE KISSIMMEE FL 34744 City 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. January 8, 2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Addition ☐ Change TITLE CP ☐ Delete TITLE NAME NAME BORN, JACK STREET ADDRESS STREET ADDRESS 6455 WOODBRIAR LANE CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE OH 45331** ☐ Addition ☐ Delete TITLE ☐ Change C TITLE NAME NAME POPE, DAVE STREET ADDRESS STREET ADDRESS 4008 KILBOURN RD. CITY-ST-ZIP CITY-ST-7IP ARCANUM OH 45304 TITLE ☐ Addition CV2 TITLE ≈ --- 🔲 Delete POPE, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 4008 KILBOURN RD. CITY-ST-ZIP CITY-ST-ZIP ARCANUM OH 45304 Delete TITLE Change ☐ Addition TITLE ST NAME NAME POPE, IMELDA STREET ADDRESS STREET ADDRESS 4008 KILBOURN RD. CITY-ST-ZIP CITY-ST-ZIP ARCANUM OH 45304 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition Change Delete TITLE TITLE 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

Jack Born

January 8, 2000