

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90445 033 \*\*\*158.75

**DOCUMENT # F96000006820**

1. Entity Name  
**TELECOM EXPERTISE INDUSTRIES, INC.**



Principal Place of Business  
**5879 JAYSVILLE-ST. JOHN'S RD.  
GREENVILLE OH 45331  
US**

Mailing Address  
**P.O. BOX 67  
GREENVILLE OH 45331**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1143656**

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

**STINE, TOM  
2788 KISSIMMEE BAY CIRCLE  
KISSIMMEE FL 34744**

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 **Tom Stine**

**February 1, 2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	BORN, JACK	
STREET ADDRESS	6455 WOODBRIAR LANE	
CITY-ST-ZIP	GREENVILLE OH 45331	
TITLE	C	<input type="checkbox"/> Delete
NAME	POPE, DAVE	
STREET ADDRESS	4008 KILBOURN RD.	
CITY-ST-ZIP	ARCANUM OH 45304	
TITLE	CV	<input type="checkbox"/> Delete
NAME	POPE, DAVID	
STREET ADDRESS	4008 KILBOURN RD.	
CITY-ST-ZIP	ARCANUM OH 45304	
TITLE	ST	<input type="checkbox"/> Delete
NAME	POPE, IMELDA	
STREET ADDRESS	4008 KILBOURN RD.	
CITY-ST-ZIP	ARCANUM OH 45304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jack Born** REQUIRED

**Jack Born February 1, 2003 (937)548-5254**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)