

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G19767**

1. Entity Name
TELEQUIP COMMUNICATIONS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90329 021 ***150.00

Principal Place of Business

**22705 CAROLYN LN
ASTATULA FL 32755
US**

Mailing Address

**P. O. BOX 156
MT DORA FL 32757
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2334645**

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

**HENDERSON, WILLIAM H
22705 CAROLYN LANE
ASTATULA FL 32755**

Name

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

City

State

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.

SIGNATURE **William H. Henderson**

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

4-20-01

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, 2001 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 **DP** ☐ Delete
NAME **HENDERSON, WILLIAM H**
STREET ADDRESS **22705 CAROLYN LANE**
CITY-STATE-ZIP **ASTATULA FL**

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

TITLE **S** ☐ Delete
NAME **HENDERSON, MONICA L**
STREET ADDRESS **1074 CLUB HILLS DR**
CITY-STATE-ZIP **EUSTIS FL 32736**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a different like empowered.

SIGNATURE

William H. Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (10/00)