

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-10-2003 90182 050 ***150.00

DOCUMENT # G19767

1. Entity Name
TELEQUIP COMMUNICATIONS, INC.



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
23431 ROBBINS ROAD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ASTATULA FL
Zip
34705
Country
USA

City & State

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

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
23431 ROBBINS ROAD
City **ASTATULA** **FL** Zip Code **34705**

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 _____
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

TITLE **DP** ☐ Delete
NAME **HENDERSON, WILLIAM H**
STREET ADDRESS **22705 CAROLYN LANE**
CITY-ST-ZIP **ASTATULA FL 32755**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **23431 ROBBINS ROAD**
CITY-ST-ZIP **ASTATULA FL 34705**

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

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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: **W. Henderson** SIGNATURE REQUIRED **HENDERSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03
Date

Daytime Phone #

CR2E034 (10/02)