

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90100 043 ***150.00

DOCUMENT # G85016

1. Entity Name
TELEPHONE SERVICES, INC., OF FLORIDA



Principal Place of Business
**6312 78TH STREET
RIVERVIEW FL 33569
US**

Mailing Address
**8000 W FLORISSANT AV
STE 3854
ST LOUIS MO 63376
US**

2. Principal Place of Business

3. Mailing Address
8000 W. Florissant Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Sta. 2586

City & State

City & State
St. Louis, MO

4. FEI Number
59-2475150

Applied For
Not Applicable

Zip

Country

Zip
63136

Country
USA

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

**CT COPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
BEVIS, HAROLD
1751 LAKE COOK RD #550
DES PLAINES IL 60018** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/CEO
Bevis, Harold
3000 Lakeside Dr.
Bannockburn, IL 60015** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
COURTRIGHT, R B
21 ROSE BAY LN
GREENSBORO NC 27455** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Courtright, R.B.
3000 Lakeside Dr.
Bannockburn, IL 60015** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAT
MOON, DAVID C
8000 W FLORISSANT AV
SAINT LOUIS MO 63136** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P
Melech, P.J. Jr.
6312 78th Street
Riverview, FL 33569** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
PINCHOT, E M
1751 LAKE COOK RD 550
DES PLAINES IL 60018** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
Pinchot, E.M.
3000 Lakeside Dr.
Bannockburn, IL 60015** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
RABE, DAVID J
8000 W FLORISSANT AV
SAINT LOUIS MO 63136** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Murray, R.M.
3000 Lakeside Dr.
Bannockburn, IL 60015** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SMITH, HARLEY M
8000 W FLORISSANT AV
SAINT LOUIS MO 63136** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Henderson, E.
3000 Lakeside Dr.
Bannockburn, IL 60015** ☐ Change ☒ Addition

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: *Signature Required* **Signature Required** **V.P. & Asst. Treasurer 1/17/03 314-553-2058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)