

FILED
Jul 04, 2002 8:00 am
Secretary of State

06-11-2002 90152 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H98476

1. Entity Name
TELSTAR ELECTRONICS INCORPORATED

Principal Place of Business
2290 NORTH C.R. 427
SUITE 152
LONGWOOD FL 32750
US

Mailing Address
2290 NORTH C.R. 427
SUITE 152
LONGWOOD FL 32750
US

96510



DO NOT WRITE IN THIS SPACE

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

59-2645704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EASTWOOD, DAN W
2290 NORTH C.R. 427
SUITE 152
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name
Paul R Harford
Street Address (P.O. Box Number is Not Acceptable)
2290 North County Rd 427
Suite 152
City
Longwood FL Zip Code
32750

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

Paul R Harford

(NOTE: Registered Agent Signature required when re-registering)

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ADKIN, JOHN J
1508 CAMEL CT
APOPKA FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
EASTWOOD, JEAN
428 LAKE DORA DRIVE
TAVARES FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
PAUL R HARFORD
331 DRYBERRY WAY
CASSELBERRY FL 32730

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Paul R Harford

Date

4/25/02 407 338 275

Daytime Phone #