FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91500 020 ***150.00

DOCUMENT # J 17681

1. Entity Name
Telephone Systems Installers, Inc. West Coast

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2002 US HWY 41S			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ruskin Fl		City & State	
Zip: 33570	Country: Hillsboraugh	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2682190 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**
Name: Donald Tichy
Street Address (P.O. Box Number is Not Acceptable): 511 Manatee Dr. S.W
City: Ruskin **FL** Zip Code: 33570

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: Donald Tichy President — [signature] — 4/22/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President + Treasure
NAME	Donald Tichy
STREET ADDRESS	511 Manatee Dr S.W
CITY-ST-ZIP	Ruskin Fl 33570
TITLE	Vice President + Sec.
NAME	Debora Tichy
STREET ADDRESS	511 Manatee Dr S.W
CITY-ST-ZIP	Ruskin, Fl 33570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature] — 4/22/03 — 813 649 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)