2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K15866** Apr 29, 2000 8:00 am Secretary of State 1. Entity Name TELECOMMUNICATION PROFESSIONALS, INC. 04-29-2000 90007 046 ***150.00 Mailing Address Principal Place of Business 1331 GLADIOLAS DR 1331 GLADIOLAS DR WINTER PARK FL 32792 WINTER PARK FL 32792-6235 3. Mailing Address 2. Principal Place of Business 920 WILLOW RUN LANE 920 WILLOW RUN LANE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FE! Number 59-2882138 WINTER SPRINGS WINTER SPRINGS FLFLNot Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 32708 USA 32708 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCOTT, ROGER D. Street Address (P.O. Box Number is Not Acceptable) 1331 GLADIOLAS DR WINTER PARK FL 32792 920 WILLOW RUN LANE Zip Code 32708 WINTER SPRINGS 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition SCOTT, ROGER D. NAME NAME 920 WILLOW RUN LANE STREET ADDRESS STREET ADDRESS 1331 GLADIOLAS DR WINTER SPRINGS Γ L 32708 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL K Change ☐ Addition STD ☐ Delete TITLE TITLE SCOTT, CAROLYN I. NAME NAME 920 WILLOW RUN LANE STREET ADDRESS STREET ADDRESS 1331 GLADIOLAS DR WINTER SPRINGS 32708 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 attashment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

UNITED TO THE CAROLYN I. SCOTT

04/20/00

407-834-2700

Date

Daytime Phone #