

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-31-2003 90281 008 ***150.00

DOCUMENT # **K45138**

1. Entity Name
TELEMETRY SYSTEMS, INC.



Principal Place of Business

**5909-21 ST STREET EAST
BRADENTON FL 34203
US**

Mailing Address

**P.O. BOX 610
SARASOTA FL 34230
US**

2. Principal Place of Business

2123 Whittfield Park Ave.

3. Mailing Address

P.O. Box 20309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota FL

City & State
Bradenton FL

4. FEI Number
65-0082169

Applied For
Not Applicable

Zip
34243

Country
U.S.

Zip
34204-0309

Country
US

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

~~SMITH, JERALD H~~
~~5791 NORTH HONORE AVE~~
~~SARASOTA FL 34243~~

Name
Kimberly Adams Colgate, ESQ
Street Address (P.O. Box Number is Not Acceptable)
7711 Holiday Drive
City
Sarasota FL Zip Code
34231

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 **Kimberly A. Colgate, 03-28-03**
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
**VPD
JANTZEN, PAUL
2223 WEBBER STREET
SARASOTA FL 34239** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P.S.D.
Kurlinski, Kirk
7203 32 AVE, EAST
Bradenton, FL 34208** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SMITH, JERALD N
5791 NORTH HONORE AVENUE
SARASOTA FL 34243** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BROXSON, BRUCE D
3557 DOWNER AVENUE
SARASOTA FL 34240** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
Richard Tugwell
1516 CAMDEN AVE
Durham, N.C. 27704** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 941-752-1656

Date

Daytime Phone #

CR2E034 (10/02)