2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005428

1. Entity Name
TELESYS GLOBAL LLC

FILED
03 JUN 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1230 CLEVELAND STREET CLEARWATER, FL 33755	1230 CLEVELAND STREET CLEARWATER, FL 33755

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
571 S. Duncan Ave	571 S. Duncan Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater FL	City & State: Clearwater, FL
Zip: 33756 Country: Pinellas	Zip: 33756 Country: Pinellas

4. FEI Number 01-0619678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AILOR, MICHAEL
1230 CLEVELAND STREET
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
571 S. Duncan Avenue
City Clearwater FL Zip Code 33756

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AILOR, MICHAEL 1230 CLEVELAND STREET CLEARWATER, FL 33755 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Ailor, Michael Jr. 571 S. Duncan Ave Clearwater FL 33756 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	06/23/03--01116--004 **50.00 600021088706 ☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael Ailor, Sr. 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)