

# 2001 UNIFORM BUSINESS REPORT (UBR)

FB15000  
-J-

DOCUMENT # **L99000001234**

1. Entity Name  
**TELE PAGE COMMUNICATIONS, L.L.C.**

**FILED**

**01 JAN 25 AM 11:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**9611 SAN JOSE BLVD      9611 SAN JOSE BLVD  
JACKSONVILLE FL 32257      JACKSONVILLE FL 32257**

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 **59-3550413**      Applied For  
**APPLIED FOR**      Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FUTCH, EDWARD  
9611 SAN JOSE BLVD  
JACKSONVILLE FL 32257**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 *Edward Futch*      DATE 12/5/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

**10. ADDITIONS / CHANGES**

TITLE NAME	<b>MGR FUTCH, EDWARD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>873 ORANGEWOOD RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>7000036011</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>-01/30/01--01040--023</b>	
CITY-ST-ZIP	<b>*****50.00    *****50.00</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Edward Futch*      DATE 12/5/01      DAYTIME PHONE # 904.886-0622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CP2E083 (11/00)