

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90105 026 ***158.75

DOCUMENT # M59292

1. Entity Name
SPECIALIZED TELEPHONE SYSTEMS, INC.



Principal Place of Business
11532 W STATE RD 84
DAVIE FL 33325
US

Mailing Address
11760 NW 24TH STREET
PLANTATION FL 33323

2. Principal Place of Business

3. Mailing Address

11532 W. STATE RD 84

Suite, Apt. #, etc.

DAVIE, FL

City & State

Zip

33325

Country

BROWARD



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-0014974**

Applied For

Not Applicable

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

SALBERG, BERNARD H.
11760 N.W. 24TH ST.
PLANTATION FL 33323

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

02-07-03

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	PS	<input checked="" type="checkbox"/> Delete
NAME	SALBERG, BERNARD	
STREET ADDRESS	11760 N.W. 24TH ST.	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SALBERG, JAMES	
STREET ADDRESS	11760 N.W. 24TH STREET	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALBERG, BERNARD	
STREET ADDRESS	11532 W. STATE RD 84	
CITY-ST-ZIP	DAVIE, FL. 33325	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALBERG, JAMES	
STREET ADDRESS	11532 W. STATE RD 84	
CITY-ST-ZIP	DAVIE, FL. 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

02-07-03

Date

Daytime Phone #

CR2E034 (10/02)