

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90335 002 \*\*\*158.75

DOCUMENT # P00000004136

1. Entity Name

TELREN WHOLESALERS, INC.

Principal Place of Business

32 LAKEBLUFF DRIVE  
ORMOND BEACH FL 32174

Mailing Address

32 LAKEBLUFF DRIVE  
ORMOND BEACH FL 32174

2. Principal Place of Business

128 W. GRANADA Blvd  
Suite, Apt. #, etc.

3. Mailing Address

128 W. GRANADA Blvd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ORMOND BEACH, FL

Zip  
32174

Country  
U.S.A.

City & State  
ORMOND BEACH, FL

Zip  
32174

Country  
U.S.A.

4. FEI Number

593614543

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

HAYES, DONALD W  
32 LAKEBLUFF DRIVE  
ORMOND BEACH FL 32174

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

~~FILE NOW!!! FEE IS \$150.00~~

After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
F  
HAYES, DONALD W  
32 LAKEBLUFF DRIVE  
ORMOND BEACH FL 32174

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE President  
DONALD W. HAYES, SR.  
502 WASHINGTON AVE.  
BRIDGEVILLE, PA. 15017

☐ Delete

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

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☐ Change ☐ Addition

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 attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)