

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90094 049 ***150.00

DOCUMENT # P00000025943

1. Entity Name

Tele-Comp Market Development, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

340 E Hillcrest St

Suite, Apt. #, etc.

3. Mailing Address

340 E Hillcrest St

Suite, Apt. #, etc.

City & State

Altamonte Spgs, FL

City & State

Altamonte Spgs FL

4. FEI Number

59-3632969

Applied For

Not Applicable

Zip

32701

Country

Seminole

Zip

32701

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Judith E Hinton

Street Address (P.O. Box Number is Not Acceptable)

340 E Hillcrest St

Alt. Spgs.

Altamonte Spgs FL

Zip Code

32701

**DO NOT WRITE
IN THIS SPACE**

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

Judith E. Hinton

President

4/8/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President
NAME Judith E Hinton
STREET ADDRESS 340 E Hillcrest St
CITY-ST-ZIP Altamonte Spgs, FL 32701

TITLE V. President
NAME DAVID R HINTON
STREET ADDRESS 340 E Hillcrest St
CITY-ST-ZIP Altamonte Spgs, FL 32701

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith E. Hinton

Judith E Hinton

4/8/03

407-331-6105

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034B (12/02)