

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90284 003 ***150.00

DOCUMENT # P00000049920

1. Entity Name
TELE DATOR, INC.



Principal Place of Business
**14023 HERON POND CT
ORLANDO FL 32824**

Mailing Address
**14023 HERON POND CT
ORLANDO FL 32824**



2. Principal Place of Business

1637 E. Vine St.

3. Mailing Address

1637 E. Vine St.

Suite, Apt. #, etc.

Suite A.

Suite, Apt. #, etc.

Suite A

City & State

KISSIMMEE FL.

City & State

KISSIMMEE FL

Zip

34744

Country

OSCEOLA.

Zip

34744

Country

OSCEOLA

4. FEI Number **59-3700041**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CASTELLANOS, HUGO E
14023 HERON POND CT
ORLANDO FL 32824**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

HUGO CASTELLANO.

3/6/03.

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

TITLE ☐ Delete
NAME **D CASTELLANOS, HUGO E**
STREET ADDRESS **14023 HERON POND CT**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1637 E. Vine St. Suite A.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

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

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

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TITLE ☐ Change ☐ 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: X **SIGNATURE REQUIRED** **HUGO E CASTELLANOS 3/6/03 (407) 694-0468**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)