

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060357

1. Entity Name

TELCON INTERNATIONAL, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90103 001 ***150.00

01-10-2001 90103 002 *****8.75

Principal Place of Business

7437 NEBRASKA AVENUE
NEW PORT RICHEY FL 34653

Mailing Address

7437 NEBRASKA AVENUE
NEW PORT RICHEY FL 34653

2. Principal Place of Business

6630 Rowan Road

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

F

4. FEI Number

59 3655851

Applied For

Not Applicable

Zip

34653

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARIAS, ERNIE A
7437 NEBRASKA AVENUE
NEW PORT RICHEY FL 34653

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.

SIGNATURE

Ernie A. Darias

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

(NOTE: Registered Agent signature required when reinstating)

01/03/01

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

TITLE	PSTD	☐ Delete
NAME	DARIAS, ERNIE A	
STREET ADDRESS	7437 NEBRASKA AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernie A. Darias

01/03/00

Date

Daytime Phone #

727-815-1594

CR2E034 (10/00)

0422855