

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000062529**1. Entity Name
TEL-COMP COMMUNICATIONS, INCPrincipal Place of Business
THE KRESS BUILDING SUITE M-8
475 CENTRAL AVE
ST PETERSBURG FL 33701Mailing Address
THE KRESS BUILDING SUITE M-8
475 CENTRAL AVE
ST PETERSBURG FL 337012. Principal Place of Business
THE KRESS BUILDING, SUITE M-83. Mailing Address
THE KRESS BUILDING, SUITE M-8Suite, Apt. #, etc.
475 CENTRAL AVENUESuite, Apt. #, etc.
475 CENTRAL AVENUECity & State
ST PETERSBURG FLCity & State
ST PETERSBURG FLZip
33701Country
USZip
33701Country
US4. FEI Number
59-3654616Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
THE KRESS BUILDING SUITE M-8
475 CENTRAL AVE
ST PETERSBURG FL 33701**7. Name and Address of New Registered Agent**Name
MASCARA ERNEST L
Street Address (P.O. Box Number is Not Acceptable)
THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
City
ST PETERSBURG FL Zip Code
33701

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 **ERNEST L. MASCARA****09/12/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VS	<input type="checkbox"/> Delete
NAME	KEARNS BARBARA J	
STREET ADDRESS	475 CENTRAL AVE SUITE M-8	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	PT	<input type="checkbox"/> Delete
NAME	KEARNS SEAN M	
STREET ADDRESS	475 CENTRAL AVE SUITE M-8	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASCARA ERNEST L	
STREET ADDRESS	475 CENTRAL AVE SUITE M-8	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEARNS BARBARA J		
STREET ADDRESS	475 CENTRAL AVENUE, SUITE M-8		
CITY-ST-ZIP	ST PETERSBURG FL 33701		
TITLE	PT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEARNS SEAN M		
STREET ADDRESS	475 CENTRAL AVENUE, SUITE M-8		
CITY-ST-ZIP	ST PETERSBURG FL 33701		
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			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: SEAN M. KEARNS**P****09/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)