

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092761

1. Entity Name
FLORIDA TELECOM SPECIALISTS, INC.

Principal Place of Business
50 BURBANK DRIVE
PALM COAST FL 32137

Mailing Address
50 BURBANK DRIVE
PALM COAST FL 32137

2. Principal Place of Business
1 CORPORATE DRIVE

3. Mailing Address
P.O BOX 354801

Suite, Apt. #, etc.
suite 2G

Suite, Apt. #, etc.

City & State
PALM COAST, FL

City & State
PALM COAST, FL

4. FEI Number
59-3674966

Applied For
Not Applicable

Zip
32137

Country

Zip
32135

Country

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

PIRES, LUZIA C
50 BURBANK DRIVE
PALM COAST FL 32137

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

Luzia C. Pires President

8/21/01

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President
LUZIA C. PIRES
50 Burbank Drive
Palm Coast, FL 32137 100% owned

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 the empowered.

SIGNATURE:

Luzia C. Pires SIGNATURE REQUIRED LUZIA C. PIRES

8/21/01

386-446-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

8/ FILED
Sep 19, 2001 8:00 am
Secretary of State

08-24-2001 90043 008 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)