

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

DOCUMENT # P00000103398

1. Entity Name

TEL-ONE, INC.

FILED

02 FEB 12 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5414 W. CLENSHAW ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

4. FEI Number

59-3680738

Applied For

Not Applicable

Zip

33634

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Glenn Goldberg, ESQ

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

100 South Ashley Drive

Suite 2200

City

TAMPA

FL

Zip Code

33602

**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.

SIGNATURE

W. An Brown

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

(NOTE: Registered Agent signature required when reinstating)

2/11/02

Date

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT
NAME W. KRIS BROWN
STREET ADDRESS 5414 W. CLENSHAW ST.
CITY-STATE-ZIP TAMPA, FLORIDA 33634

TITLE SECRETARY
NAME CHUCK WILLIAMS
STREET ADDRESS 5414 WEST CLENSHAW ST.
CITY-STATE-ZIP TAMPA FLORIDA 33634

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IN THIS SPACE**

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

SIGNATURE:

W. An Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

813-496-1149

Daytime Phone #

CR2E034B (12/01)