2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 23, 2001 8:00 am Secretary of State DOCUMENT # P00000114201 1. Entity Name 02-08-2001 90460 022 ***150.00 TELECOMPROPERTIES, INC. Principal Place of Business Mailing Address 5797 Deer Hollow Trail 5797 Deer Hollow Trail Sarasota, Florida 34232 Sarasota, Florida 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1061434 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Evan N. Berlin, Esq. c/o Kirk Pinkerton Street Address (P.O. Box Number is Not Acceptable) 720 South Orange Avenue Sarasota, Florida 34236 City 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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when re-DATE FILE NOW!!! FEE!IS\\$150.00; After MAY/1/2001|Fee will be 1.550.00; Make Check Payable to Department of State 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PSTD ☐ Addition ☐ Change NAME NAME Richard W. Hillyer, Jr. STREET ADDRESS 5797 Deer Hollow Trail STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota, Florida 34232 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delate TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

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