

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90131 025 \*\*\*150.00

**DOCUMENT # P01000013449**

1. Entity Name  
**J.P. TELCOM, INC.**

Principal Place of Business

**4750 SANFORD AVE.  
 SANFORD FL 32773**

Mailing Address

**4750 SANFORD AVE.  
 SANFORD FL 32773**

871070



2. Principal Place of Business

**4750 S. Sanford Ave**  
 Suite, Apt. #, etc.

3. Mailing Address

**4750 S. Sanford Ave**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Sanford, FL**

City & State  
**Sanford, FL**

4. FEI Number

**59-2615132**

Applied For

Not Applicable

Zip  
**32773**

Country  
**Seminole**

Zip  
**32773**

Country  
**Seminole**

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

**STROUP, PHYLLIS A  
 4750 SANFORD AVE.  
 SANFORD FL 32773**

Name

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

**4750 S. Sanford Ave**

City

**Sanford**

FL

Zip Code

**32773**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Phyllis A Stroup*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-5-02**

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 13, 2002 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  
**PD**  
**STROUP, PHYLLIS A**  
**1400 S. SANFORD AVE.**  
**SANFORD FL 32771** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**4750 S. Sanford Ave**  
**Sanford, FL 32773**

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

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 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 like empowered.

SIGNATURE

*Phyllis A Stroup*  
**Phyllis A Stroup**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-5-02**  
**407-330-1425**

CR2E034 (4/02)

9-5-02

Attachment  
87.1076  
POI 000013769

I P Telcom, Inc

4750 S. Sanford Ave

Sanford, FL 32773

407-330-1425

This is my first notice  
that I had to file

This Report. Attached

is a cashiers check

in the amount of \$150.<sup>00</sup>

As of this date, the  
only corrections needed are  
the street locations.

Thank you,  
Ellis R. Stroup  
Ellis R. Stroup