

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90394 034 \*\*\*150.00

DOCUMENT # P01000097948 ✓

1. Entity Name

The Telesphere Company of St. Augustine

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2825 Lewis Speedway  
Suite, Apt. #, etc. 2

3. Mailing Address

same  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

32084

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John R Marino

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

1601 Ocean Dr S.

Jacksonville beach

City

FL

Zip Code

32250

**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

JOHN MARINO

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

John Marino

(NOTE: Registered Agent signature required when reinstating)

4.29.02

DATE

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

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Richard Lewis</u> <u>846 Shoreline Circle</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Ponte Vedra Beach FL</u> <u>32082</u>
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Lewis

Date

5/1/02

Daytime Phone #

CR2E034B (12/01)