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2002 L	INIFORM BUSI	NESS REPO)RT	(UBR)	2	r	TLE 200		00 an	
DOCUMENT # P01000108863 Entity Name TLECO MANAGEMENT, INC.					Apr 01, 2002 8:00 am Secretary of State 02-20-2002 90165 029 ***150.00					
rincipal Place of Business 300 UNIVERSITY DR., STE. 901 ORAL SPRINGS FL 33065		Mailing Address 3300 UNIVERSITY DR., STE. 901 CORAL SPRINGS FL 33065								
. Principal Place	Principal Place of Business		3. Mailing Address),	111110 1311 1 <u>141</u> 1	
Suite, Apt. #, et	c.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	El Number 115 1908	5		optied For of Applicable	
Zip	Country	Zip Cour		y 5. Certi		ertificate of Status Desired		8.75 Add	ditional	
6.	.Name and Address of Current Re	gistered Agent		Name	۱۰ <u></u> -7N	ame and Address of New Ro	gistered A	ent		
PONNOCK, ANDREW A 3300 UNIVERSITY DR., STE. 901 CORAL SPRINGS FL 33065				Street Address	(P.O. B	ox Number is Not Acceptable)			
	1			City			FL	Zip Cod	e	
SIGNATURE Signat	ed entity submils this statement for the unit of the u	ide il applicable. (NOTI	E: Registered	Agent signsture require			DATE ancing	\$5.0	O May Be	
(See criteria on	ement and elects to do so, back)	After May 1, 20 Make Check Payab			ate .	Trust Fund Contribution	ı. 🗆		to Fees	
TREET ADDRESS 3	officers and di resident indrew Ponnack 300 University Dr oral Springs, FL 3	□ Delete	12. TITLE NAME STREET CITY-S	I ADORESS ST-ZIP	ADI	DITIONS/CHANGES TO OFFI		DIRECTORS Change	Addition	
TILE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	Addition	
ITLE		Delete	CITY-S	f Address ===================================				Change	Addition	
itle Iame Itreet address Ity-st-zip		C Delete	NAME STREET CITY-S	T ADDRESS ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			Į	Change	☐ Addition	
itle Ame Treet adoress Ity-St-Zip		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			[Change	Addition	
indicated on the of the corporation of the corporation of the corporation of the changed, or	that the information supplied with the is report or supplemental report is from on or the receiver or trustee empowers an attachment with an address, with	ue and accurate and that need to execute this report	ny signatu as require	ption stated in Sire shall have the double of the shall have the double of the state of the stat	ection 1 same la 7, Florid	19.07(3)(i), Florida Statutes. I i gal effect as if made under og a Statutes; and that my name	further certify ath; that I am appears in E	/ that the in an officer Block 11 or	formation or director Block 12 if	
SIGNATUR		TED NAME OF SIGNING OFFICER	OR DIRECTO	R		Date	Dayt	ime Phone #		