

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90093 002 ***150.00

DOCUMENT # P02000054967

1. Entity Name
TELSTAR HAULING, INC.



Principal Place of Business

~~3051 44TH AVE N~~
ST PETERSBURG FL 33714-3804

Mailing Address

~~3051 44TH AVE N~~
ST PETERSBURG FL 33714-3804

2. Principal Place of Business

2401 72ND ST. N

3. Mailing Address

2401 72ND ST. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETE, FL

City & State

ST. PETE, FL

Zip **33710**

Country **US**

Zip **33710**

Country **US**

4. FEI Number

03-0440650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FINTAK, PAUL

~~3051 44TH AVE N~~

ST PETERSBURG FL 33714-3804

7. Name and Address of New Registered Agent

Name

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

2401 72ND ST. N.

City **ST. PETERSBURG**

FL

Zip Code

33710

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **FINTAK, PAUL**
CITY-ST-ZIP **3884 39TH ST S**
ST PETERSBURG FL 33711-4002

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **FINTAK, GREGORY P**
CITY-ST-ZIP **1726 BRADSHAW LN N**
ST PETERSBURG FL 33710

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **FINTAK, MICHAEL**
CITY-ST-ZIP **4041 39TH ST S**
ST PETERSBURG FL 33711-4205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)