FILED
Jun 05, 2003 8:00 am
Secretary of State
05-07-2003 90175 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000063231

1. Entity Name
TELECTRICS, INC.

55046700

Principal Place of Business	Mailing Address
5781 SOUTHWEST 1ST STREET PLANTATION, FL 33317	POST OFFICE BOX 14275 FORT LAUDERDALE, FL 33324

2. Principal Place of Business: 3071 NE 14 Ave.	3. Mailing Address: 3071 NE 14 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale	City & State: Fort Lauderdale FL
Zip: 33334 Country: Broward	Zip: 33334 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 16-1659212 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELL, RICHARD
1098 NE 34 COURT
#7
FORT LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 3071 NE 14 Ave
Fort Lauderdale
City FL Zip Code 33334

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

AMENDMENT 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LOVELL, RICHARD		NAME	
STREET ADDRESS	~~1098 NE 34 COURT - #7~~		STREET ADDRESS	3071 NE 14 Avenue
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: Richard Lovell — 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #