

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90133 007 \*\*\*158.75

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**DOCUMENT # P02000116159**

1. Entity Name  
**TELECOM RESOURCES, INC.**



Principal Place of Business  
**13920 PEPPERELL DRIVE  
TAMPA FL 33624**

Mailing Address  
**13920 PEPPERELL DRIVE  
TAMPA FL 33624**

2. Principal Place of Business

**5127 West Hanna Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**5128 West Hanna Ave**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State <b>Tampa FL</b>	City & State <b>Tampa FL</b>	4. FEI Number <b>06-1654864</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33634</b>	Country <b>Hills</b>	Zip <b>33634</b>	Country <b>Hills</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GOLDBERG, GLENN 13920 PEPPERELL DRIVE TAMPA FL 33624</b>		Name <b>Harold R. Cole</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>13920 Pepperell Dr</b>	
		City <b>Tampa</b> FL Zip Code <b>33624</b>	

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 **Harold R. Cole** **Harold R. Cole** **1/21/03**  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P,S COLE, HAROLD R 13920 PEPPERELL DRIVE TAMPA FL 33624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Cole, Harold R. 13920 Pepperell Dr Tampa FL 33624</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary June Cole 13920 Pepperell Dr Tampa FL 33624</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 June Cole** **1/21/03** **813-886-4300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)