

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90117 035 ***150.00

040527

DOCUMENT # P93000021687

1. Entity Name
TOTAL TELEMARKETING CONCEPTS, INC.

Principal Place of Business

**4301 32ND ST W
 E 26
 BRADENTON FL 34205
 US**

Mailing Address

**5726 CORTEZ RD W
 BOXC 130
 BRADENTON FL 34210
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HILL, JUDITH A
 8413 13TH AVE. N.W.
 BRADENTON FL 34209**

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	HILL, JUDITH A	
STREET ADDRESS	8413 13TH AVENUE, N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	STD	☐ Delete
NAME	HILL, MARTIN D	
STREET ADDRESS	8413 13TH AVE. N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	C	☐ Delete
NAME	HILL, JENNIFER	
STREET ADDRESS	6212 40TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	☐ Delete
NAME	HILL, ANDREW	
STREET ADDRESS	6212 40TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	☐ Delete
NAME	HILL, DAVID	
STREET ADDRESS	6028 40TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	

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

SIGNATURE:

Judith A. Hill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

941 151-2630

Daytime Phone #

CR2E034 (10/00)