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200	UNIFURM BUS	ΔPPROVED						
	MENT # P 94 00 ∞	APPROVED AND FILED						
TEL Contractors, Inc.								
				01 MAR -5 AM 9: 04				
Principal Plac	ce of Business	Mailing Address	"-	,		CTATE		
17709 Penigia Avenue PO Box 3					SECRETARY OF TALLAHASSEE, F	LORIDA		
17709 Penigia Avenue PO Box 3145 Octor de Fl 32819 Orlando, Fl 32802					IALLA II (OCC.)			
Orlando, Fl 32819 Orlando, Fl 3220								
Principal Place of Business 3. Mailing Address								
7709 Perugia Avenue POBOX 314. Suite, Apt. #, etc. Suite, Apt. #, etc.			<u>む</u>		DO NOT WRITE IN THIS SPACE	:		
		Sale, Apr. II, etc.						
Orlande, fl City & State Orlande, fl Grande, fl					4. FEI Number 59 3267639	Applied For		
Zip	Country	Volando, Fl	Countr	·v	¢g 7	Not Applicable 5 Additional		
Zip 3Z	819 United States	32802		·		equired		
	6. Name and Address of Current I	Registered Agent		Name	7. Name and Address of New Registered Agent			
Lo	retta Tarlbert							
77	retta (ariber) 09 penioja Avenue ando, F1. 32819	<u>.</u>		Street Address (P.O. Box Number is Not Acceptable)			
24	and M 32819	Ī		· ·				
Orre	ar (co)		-	City	FL Zip Code			
8 The above	Darmed entity submits this statement for	red agent, or both, in the State of Florida.						
o. me above	0 1 .		, registore	a office of register	and agont, or boar, in the state of ritorida.			
SIGNATURE					<u> </u>			
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating) DATE			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Force								
_	ria on back)	Make Check Payat			Trust Fund Contribution.	Added to Fees		
11.	OFFICERS AND I	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11		
TITLE NAME	President Loretta Taribert	☐ Delete	TITLE NAME			hange		
STREET ADDRESS	WIN Tampa Aven	nup		T ADDRESS				
CITY-ST-ZIP	Orlando Fl 32805	5	CiTY-S	ST-ZIP				
TITLE	Vice President	☐ Delete	TITLE			hange Addition		
NAME STREET ADDRESS	Todie Pengia Lu	we.	NAME Street	T ADDRESS	0000038515	リリーー3 ??013		
CITY-ST-ZIP	Orlando FI 3281	9	CITY-S	ST-ZIP	<u>*****70.00</u> **	****70.00		
TITLE	Secretary	☐ Delete	TITLE		□ c	hange 🔲 Addition		
NAME STREET ADDRESS	Total Light			T ADDRESS		10		
CITY-ST-ZIP	orlanda fl 32819			ST-ZIP		<u> </u>		
TITLE	Arthur Davis	☐ Delete	TITLE			hange Addition		
NAME STREET ADDRESS	7709 Pengia Aven	ue-	NAME STREET	F ADDRESS				
CITY-ST-ZIP	Orlando F1 3281	9	CITY-S					
TITLE	Director of Finan	c∈ □ Delete	TITLE		□ cı	nange		
NAME STREET ADDRESS	DDRESS 311 N Dolling Avenue			ADDRESS				
CITY-ST-ZIP	Orlando El 32		CITY-S					
TITLE	Director of Public Relations Delete				-12 C	nange		
NAME STREET ADDRESS	Juzene Salviani			ADDRESS	(X)			
CITY-ST-ZIP	Octondo Fl 328	4"	CITY-S					
13. I hereby o	pertify that the information supplied with	this filing does not qualify for	r the exem	ption stated in Se	ection 119.07(3)(i), Florida Statutes. I furbe certify tha	t the information		
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.								
J. + 4 4 1 + 2-5-01								
SIGNATURE:								
	SIGNAL ONE AND LIFED ON PR	LE PORTE OF SIGNARD OFFICER	24 24450 IAI		Date Daytime Pl	INCHE T		