

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093490

1. Entity Name

SUPERIOR TELEPHONE CONSULTANTS, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90059 043 ***150.00

Principal Place of Business

9877 NORTH SPRINGS WAY
CORAL SPRINGS FL 33076

Mailing Address

9877 NORTH SPRINGS WAY
CORAL SPRINGS FL 33076

2. Principal Place of Business

3700 S. OCEAN BLVD

3. Mailing Address

3700 S. OCEAN BLVD

Suite, Apt. #, etc.

APT 809

Suite, Apt. #, etc.

APT 809

City & State

HIGHLAND BEACH, FL

City & State

HIGHLAND BEACH, FL

Zip

33487

Country

FLORIDA

Zip

33487

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0542576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONCHER, MICHAEL
9877 NORTH SPRINGS WAY
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Michael Goncher

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

(NOTE: Registered Agent signature required when reinstating)

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 D
NAME GONCHER, MICHAEL
STREET ADDRESS 9877 NORTH SPRINGS WAY
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

APPROX CHANGE ONLY ☒ Change ☐ Addition
NAME
STREET ADDRESS 3700 S. OCEAN BLVD APT 809
CITY-ST-ZIP HIGHLAND BEACH FL 33487

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

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

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

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

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

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

SIGNATURE:

Michael Goncher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/01 561-276 6688

CR2E034 (10/00)