

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90100 044 ***150.00

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DOCUMENT # P94000093490

1. Entity Name
SUPERIOR TELEPHONE CONSULTANTS, INC.



Principal Place of Business
3700 S OCEAN BLVD
APT 809
HIGHLAND BEACH FL 33487

Mailing Address
3700 S OCEAN BLVD
APT 809
HIGHLAND BEACH FL 33487



2. Principal Place of Business

3. Mailing Address

9981 Marsala Way

9981 Marsala Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Delray Beach

City & State

Delray Beach

4. FEI Number

65-0542576

Applied For

Not Applicable

Zip

33446

Country

Palmy Beach

Zip

33446

Country

Palmy Beach

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
Michael Goncher
Street Address (P.O. Box Number is Not Acceptable)
9981 Marsala Way
City
Delray Beach
FL
Zip Code
33446

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
GONCHER, MICHAEL
3700 S OCEAN BLVD #809
HIGHLAND BEACH FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☒ Change ☐ Addition
Michael Goncher
-9981 Marsala Way
Delray Beach FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 information.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 561-276-6688

Date

Daytime Phone #

CR2E034 (10/02)