

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90266 014 ***150.00

0196486 AV

DOCUMENT # P95000044306

1. Entity Name

TELEPHONE ON HOLD COMMERCIALS, INC.



Principal Place of Business

6047 KIMBERLYR BLVD
SUITE O
N. LAUDERDALE FL 33068

Mailing Address

6047 KIMBERLYR BLVD
SUITE O
N. LAUDERDALE FL 33068

2. Principal Place of Business

Same as Above

Suite, Apt. #, etc.

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0587998

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

TITLE PSTD
NAME KING, DIANE
STREET ADDRESS 3842 NW 62ND ST
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE STD
NAME KING, DIANE
STREET ADDRESS 3842 NW 62ND STREET
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE D
NAME CLARK, CHRISTINE
STREET ADDRESS 3842 NW 62ND STREET
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE D
NAME LIGHTMAN, RUTH
STREET ADDRESS 3842 NW 62ND STREET
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
Diane King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

954-956-9388

Daytime Phone #

CR2E034 (10/02)