

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000080064**

1. Entity Name

TELEWAVE, INCORPORATED

Principal Place of Business

**1300 NORTH BOULEVARD
TAMPA FL 33607**

Mailing Address

**P.O. BOX 4033
TAMPA FL 33677-4033**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3347539

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROGERS, STEPHEN L
1300 NORTH BOULEVARD
TAMPA FL 33607**

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

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	<input type="checkbox"/> Delete
NAME	WILLIAM A KRUSEN SR	
STREET ADDRESS	7650 COURTNEY CAMPBELL CAUSEWAY #1120	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, STEPHEN L	
STREET ADDRESS	1300 NORTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DIEHL, DONALD W	
STREET ADDRESS	4141 BAYSHORE BLVD, PH #1	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	CD	<input type="checkbox"/> Delete
NAME	EURE, HILLARD III	
STREET ADDRESS	1010 S. LINCOLN AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, E.A. TED	
STREET ADDRESS	1501 HILLVIEW DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. Rogers**June 5, 2001**

Date

813/254-9338

Daytime Phone #

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90024 001 ***611.25

75483

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)