

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043063

1. Entity Name  
TELCO MANAGEMENT, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90056 040 \*\*\*550.00

Principal Place of Business <sup># B</sup> Mailing Address  
~~2120 S TAMiami TRAIL~~ 205 W. Venice Ave ~~2120 S TAMiami TRAIL~~ 205 W. Venice Ave <sup># B</sup>  
~~OSPREY FL 34229~~ Venice, FL 34285 ~~OSPREY FL 34229~~ Venice, FL 34285  
US US

2. Principal Place of Business 3. Mailing Address  
205 W. Venice Ave. # B 205 W. Venice Ave. # B  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Venice Florida Venice, Florida  
Zip Country Zip Country  
34285 Sarasota 34285 Sarasota

4. FEI Number 65-0693063 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

DREWETT, DAVID C  
~~1804 BAYSHORE ROAD~~ 823 Higel Avenue  
~~NOKOMIS FL 34275~~ Venice, FL 34285

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME DREWETT, DAVID C  
STREET ADDRESS ~~1804 BAYSHORE RD~~ 823 Higel Ave  
CITY-ST-ZIP ~~NOKOMIS FL~~ Venice FL 34285

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

TITLE ST ☐ Delete  
NAME DREWETT, SHERRI L  
STREET ADDRESS ~~1804 BAYSHORE RD~~ 823 Higel Ave.  
CITY-ST-ZIP ~~NOKOMIS FL~~ Venice, FL 34285

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: David C. Drewett **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/18/00 Daytime Phone # (941) 484-8200

CR2E034 (5/00)