

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096647

1. Entry Name

TELEJET, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90050 003 ***150.00

Principal Place of Business Mailing Address
445 STATE ROAD 13 NORTH POST OFFICE BOX 69
SUITE 6B TUXEDO, NC 28784
JACKSONVILLE, FL 32259

00074140

2. Principal Place of Business 3. Mailing Address
445 STATE ROAD 13 NORTH POST OFFICE BOX 69

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 6B

City & State
JACKSONVILLE, FL 32259

City & State
TUXEDO, NC

4. FEI Number
59-3421201

Applied For
Not Applicable

Zip Country
32259 USA

Zip Country
28784 USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAMES E. THAXTON, JR.
933 E. GORRIE DRIVE
ST. GEORGE ISLAND, FL 32328

7. Name and Address of New Registered Agent

Name
WALTER L. WILLIAMS, JR.
Street Address (P.O. Box Number is Not Acceptable)
445 STATE ROAD 13 NORTH, SUITE 6B
City JACKSONVILLE FL Zip Code 32259

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, 2000 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 ☐ Delete
NAME JAMES E. THAXTON, JR.
STREET ADDRESS 933 E. GORRIE DRIVE
CITY-ST-ZIP ST. GEORGE ISLAND, FL 32328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME JAMES E. THAXTON, JR.
STREET ADDRESS POST OFFICE BOX 69
CITY-ST-ZIP TUXEDO, NC 28784

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00 888-279-7811

CR2E034 (9/99)