2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am DOCUMENT # P96000096647 **Secretary of State** 1. Entity Name TELEJET, INC. 03-02-2001 90080 003 ***150.00 Principal Place of Business Mailing Address 445 STATE ROAD 13 N PO BOX 69 SUITE 6B TUXEDO NC 28784 JACKSONVILLE FL 32259 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3421201 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, WALTER L JR Street Address (P.O. Box Number is Not Acceptable) 445 STATE ROAD 13 N **SUITE 6B** JACKSONVILLE FL 32259 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change Addition TITLE TITLE THAXTON, JAMES E JR. NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 69 CITY-ST-ZIP CITY-ST-ZIP **TUXEDO NC 28784** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2/27/01 828-698-0534

FILED

CR2E034 (10/00)