

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90079 040 ***158.75

DOCUMENT # P96000103274

1. Entity Name

CONTRACT SALES AND TELEMARKETING, INC.

Principal Place of Business

Mailing Address

11018-109 OLD ST AUGUSTINE ROAD
JACKSONVILLE FL 32257

11018-109 OLD ST AUGUSTINE ROAD
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3415616

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRIGGS, VICKI W
341 GLENLYON DR.
ORANGE PARK FL 32073

Name BRIGGS, THOMAS E.

Street Address (P.O. Box Number is Not Acceptable)

341 GLENLYON DR.

City ORANGE PARK

FL 32073

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

Thomas E. Briggs

THOMAS E. BRIGGS

1/25/99

Signature, typed or printed name of registered agent and type, 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 PVST
NAME BRIGGS, VICKI W
STREET ADDRESS 11018-109 OLD ST AUGUSTINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME BRIGGS, THOMAS E. ☒ Change ☐ Addition
STREET ADDRESS 11018-109 OLD ST AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE, FL. 32257

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

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

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

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

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

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:

Thomas E. Briggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

904-886-9007

Date

Daytime Phone #