

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-21-2003 90127 042 ***150.00
FILE P97000029096

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DOCUMENT # P97000029096

1. Entity Name
TELE-SALES/REGISTRATION CONSULTANTS, INC.



03 AUG -1 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900022062009

08/05/03--01008--019 **400.00



Principal Place of Business

~~410 AUDUBON DR~~
~~MELBOURNE FL 32901~~
~~US~~

Mailing Address

~~14118 SANTA BARBARA DR~~
~~DEMING NM 88030~~
~~US~~

2. Principal Place of Business

1971 STACEY CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

1971 STACEY CIRCLE

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

DELTONA, FL

City & State

DELTONA, FL

4. FEI Number

59-3443086

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

EUBANKS, G. B.

~~7084 SEBAGO COURT~~
~~ORLANDO FL 32835~~

1971 STACEY CIRCLE
DELTONA, FL 32738

Name

G. B. EUBANKS

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

1971 STACEY CIRCLE

City

DELTONA

FL

Zip Code

32738

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-16-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EUBANKS, G. B.	
STREET ADDRESS	14118 SANTA BARBARA STREET	
CITY-ST-ZIP	DEMING NM 88030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PARTIDOM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. B. EUBANKS	
STREET ADDRESS	1971 STACEY CIRCLE	
CITY-ST-ZIP	DELTONA, FL 32738	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-03

586-532-5584

CR2E034 (4/03)