

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90179 003 ***150.00

DOCUMENT # P97000042608

1. Entity Name
TELECONEX, INC.

Principal Place of Business

**4100 BARRANCAS AVE
PENSACOLA FL 32507
US**

Mailing Address

**4100 BARRANCAS AVE
PENSACOLA FL 32507
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3447701**

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

WATSON, CHRIS S

210 PAYNE ROAD-

PENSACOLA FL 32507

*2595 Canterbury Cir.
Rockledge, FL 32955*

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WATSON, STEVEN T.**
CITY-ST-ZIP **5783 GRANDE LAGOON BLVD
PENSACOLA FL 32507**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **WATSON, CHRIS S.**
CITY-ST-ZIP **210 PAYNE RD
PENSACOLA FL 32507**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WATSON, PAUL T.**
CITY-ST-ZIP **5808 PRINCETON DR
PENSACOLA FL 32526**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3216 Tallship Ln.**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WATSON, DIANA L**
CITY-ST-ZIP **5808 PRINCETON DR
PENSACOLA FL 32526**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3216 Tallship Ln.**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WATSON, MARILYNN J**
CITY-ST-ZIP **5783 GRANDE LAGOON BLVD.
PENSACOLA FL 32507**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Michael J. Mura**
STREET ADDRESS **22588 Sw. 6th St.**
CITY-ST-ZIP **Boca Raton, FL 33433**

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: *Diana L. Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diana L. Watson

Date

Daytime Phone #

(850) 458-7609

CR2E034 (10/00)