

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090510

1. Entity Name  
**TELECALE II, INC.**



**FILED**

03 APR 25 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
800 N. HIGHLAND AVE., STE. 200  
ORLANDO, FL 32803

Mailing Address  
P.O. BOX 4961  
ORLANDO, FL 32802-4961

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  
**59-3481161**

Applied For  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA**  
**390 N. ORANGE AVE., STE. 1100**  
**ORLANDO, FL 32801**

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. 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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	PEISNER, ERIC S	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-STATE-ZIP	ORLANDO, FL 32803	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CARLTON, CHARLES S	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-STATE-ZIP	ORLANDO, FL 32803	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	MCKINNEY, EUGENE J	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-STATE-ZIP	ORLANDO, FL 32803	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	LAWLER, THOMAS P	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-STATE-ZIP	ORLANDO, FL 32803	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLNER, DAVID	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-STATE-ZIP	ORLANDO, FL 32803	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TUTTLE, L. MILLS	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-STATE-ZIP	ORLANDO, FL 32803	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kropp, Steven G.	
STREET ADDRESS	800 N. Highland Ave., Ste. 200	
CITY-STATE-ZIP	Orlando, FL 32803	

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

407/297-1600

Steven G. Kropp, Vice President

CR2E034 (10/02)