

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

0139244

**DOCUMENT # P97000098631**

1. Entity Name  
**THE TELEPHONE DEPOT, INC.**

04-02-2001 90280 047 \*\*\*150.00

Principal Place of Business 6800 N.W. 39TH AVE. #42 COCONUT CREEK FL 33073	Mailing Address 6800 N.W. 39TH AVE. #42 COCONUT CREEK FL 33073
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**00030504**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>19273 Liberty Road</b>	3. Mailing Address <b>19273 Liberty Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Boca Raton, FL.</b>	City & State <b>Boca Raton, FL.</b>	4. FEI Number <b>65-0802625</b>	Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>

Zip <b>33434</b>	Country <b>USA</b>	Zip <b>33434</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>AUGUSTINE, MICHAEL S</b> <b>6800 N.W. 39TH AVE. #42</b> <b>COCONUT CREEK FL 33073</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>AUGUSTINE, JOANNE M</b> <b>6800 NW 39 AVE #42</b> <b>COCONUT CREEK FL 33073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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: Michael S. Augustine / President 3/14/01 954-558-0526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)