

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**  
 05-22-2001 90063 043 \*\*\*150.00

DOCUMENT # P98000043862

1. Entity Name  
 Telsurf, Resellers Network, Inc.

Principal Place of Business Mailing Address

3625 STARlight Ave.  
 Merritt Island, Fl. 32953

2. Principal Place of Business

3625 STARlight Ave.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Merritt Island, Fl. 32953

City & State

Same

4. FEI Number

59-3511176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKS, William R.  
 3625 STARlight Ave.  
 Merritt Island, Fl. 32953

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	Hawks, William	
STREET ADDRESS	3625 STARlight Ave.	
CITY-ST-ZIP	Merritt Island, Fl. 32953	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Hawks, Virginia L.	
STREET ADDRESS	3625 STARlight Ave.	
CITY-ST-ZIP	Merritt Island, Fl. 32953	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Hawks, William R.	
STREET ADDRESS	3625 STARlight Ave.	
CITY-ST-ZIP	Merritt Island, Fl. 32953	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	ORIE, Thomas A.	
STREET ADDRESS	14254 Lake Price Dr.	
CITY-ST-ZIP	Orlando, Fl 32826	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	Parker, Matthew B.	
STREET ADDRESS	12236 Picket Fence Ct.	
CITY-ST-ZIP	Orlando, Fl 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: William R. Hawks William R. Hawks 4/30/01 321-452-2688  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)