

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90043 027 ***150.00

DOCUMENT # P98000059822

1. Entity Name
TELECOM SERVICE GROUP, INC.



Principal Place of Business
**11471 W. SAMPLE ROAD
SUITE 31
CORAL SPRINGS FL 33065
US**

Mailing Address
**1900 MERION LANE
CORAL SPRINGS FL 33071
US**

40004572



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1900 Merion Lane
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

Country

33071 USA

4. FEI Number **65-0852778**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NATHANSON, ERIC
12477 CLASSIC DR
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **Nathanson, Eric**

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

1900 Merion Lane

City

Coral Springs

FL

Zip Code

33071

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

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

TITLE **P** ☐ Delete
NAME **NATHANSON, ERIC**
STREET ADDRESS **12477 CLASSIC DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Nathanson, Eric**
STREET ADDRESS **1900 Merion Lane**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 954-605-5760

Date

Daytime Phone #

CR2E034 (10/02)