

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**  
 04-28-2003 91511 037 \*\*\*150.00

DOCUMENT # **P98000077691**  
 Entity Name **Tele Sales Consultants Inc**



Principal Place of Business **4662 Commercial Way**  
**Spring Hill FL 34606**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

4. FEI Number **59-3533852**  
 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  
**William Balsano**  
**10376 PALGREN LN**  
**Spring Hill FL 34608**

7. Name and Address of New Registered Agent  
 Name  
 Street Address P.O. Box Number (if 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 **William Balsano** DATE **4/25/03**  
Signature typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reinstating.

**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 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>William Balsano</b>				
STREET ADDRESS	<b>10376 PALGREN LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SPRING HILL FL 34608</b>		CITY-ST-ZIP		
	<b>JASON E USWORTH</b>				
STREET ADDRESS	<b>2820 COBBLESTONE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM HARBOR FL 34608</b>		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: **William Balsano** DATE **4/25/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR21034 (00/02)