

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102153

1. Entity Name
TELECOMM SERVICES GROUP, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90078 013 ***150.00

0346013

Principal Place of Business
10500 UNIVERSITY CENTER DR
SUITE 100
TAMPA FL 33612
US

Mailing Address
10500 UNIVERSITY CENTER DR
SUITE 100
TAMPA FL 33612
US

2. Principal Place of Business
3650 SPECTRUM BLVD

3. Mailing Address
3650 SPECTRUM BLVD

Suite, Apt. #, etc.
SUITE 160

Suite, Apt. #, etc.
SUITE 160

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33612

Country
US

Zip
33612

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3546170

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, J. STEPHEN
220 S FRANKLIN STREET
TAMPA FL 33602

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIS, JERRY R 10500 UNIVERSITY CENTER DRIVE, STE 100 TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVERIO, JAMES G 10500 UNIVERSITY CENTER DR, STE 100 TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEEBLE, EDNA 10500 UNIVERSITY CENTER DR., STE 100 TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIMBALL, LINDA 10500 UNIVERSITY CENTER DR., STE 100 TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3650 SPECTRUM BLVD STE 160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3650 SPECTRUM BLVD STE 160
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

Linda Kimball LINDA KIMBALL

4/25/01 8139752441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)