

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104931

1. Entity Name

TELECOMMUNICATIONS ACCESS MANAGEMENT, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90003 038 ***150.00

Principal Place of Business

Mailing Address

3617 CROWN POINT RD, SUITE #4
JACKSONVILLE FL 32257

3617 CROWN POINT RD, SUITE #4
JACKSONVILLE FL 32257-9010

2. Principal Place of Business

408 W. MONROE ST.

3. Mailing Address

P.O. Box 440161

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3599033

Applied For

Not Applicable

Zip

32202

Country

USA

Zip

32222

Country

USA

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

HERNANDEZ, MEREDITH A
3617 CROWN POINT RD, SUITE #4
JACKSONVILLE FL 32257

Name KRIS A. ERVIN

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

408 W. MONROE ST.

City JACKSONVILLE FL Zip Code 32202

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

Kris A. Ervin KRIS A. ERVIN

1-31-2000

(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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	ERVIN, KRIS	
STREET ADDRESS	3617 CROWN POINT RD, SUITE #4	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SLININ, RICHARD	
STREET ADDRESS	3617 CROWN POINT RD, SUITE #4	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, MARIA D	
STREET ADDRESS	3617 CROWN POINT RD, SUITE #4	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, MEREDITH	
STREET ADDRESS	3617 CROWN POINT RD, SUITE #4	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERVIN, KRIS A	
STREET ADDRESS	408 W. MONROE ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLININ, RICHARD	
STREET ADDRESS	408 W. MONROE ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARIA D	
STREET ADDRESS	408 W. MONROE ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
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:

Kris A. Ervin KRIS A. ERVIN

(Signature and typed or printed name of signing officer or director)

1-31-2000 904-366-8070

Date

Daytime Phone #

CR2E034 (9/99)