

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108032

1. Entity Name
TELCO BILLING SOLUTIONS, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90056 041 ***550.00

Principal Place of Business
~~2125 SO. TAMiami TRAIL~~
~~OSPREY FL 34229~~
205B W. Venice Avenue
Venice, FL 34285

Mailing Address
~~2125 SO. TAMiami TRAIL~~
~~OSPREY FL 34229~~
205B W. Venice Ave
Venice FL 34285

2. Principal Place of Business
205B. W. Venice Ave.

3. Mailing Address
205B W. Venice Ave.

City & State
Venice FL

City & State
Venice FL

Zip
34285

Country
Sarasota

Zip
34285

Country
Sarasota

4. FEI Number 65-0885285

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

DREWETT, SHERRY LYNN
~~2125 SO. TAMiami TRAIL~~
~~OSPREY FL 34229~~
205B W. Venice Ave.
Venice, FL 34285

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME DREWETT, SHERRI LYNN
STREET ADDRESS 1804 BAYSHORE ROAD
CITY-ST-ZIP NOKOMIS FL 34275
823 Higel Ave.
Venice, FL 34285

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Sherry Lynn DREWETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/8/00 (941) 484-8200

CR2E034 (5/00)