2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900034187					377				
1. Entity Name . TELECOM PARTNERS, INC.					FILED				
						00 JUL 24	AM 10: 35		
Principal Place of Business Mailing Address					OFFICE TABLE OF CTATE				
5900 S. TAMIAN SARASOTA FL		5900 S. TAMIAMI TRSTE.H SARASOTA FL 34231-3987			SECRETARY OF STATE TALLAHASSEE FLORIDA				
	lace of Business SHPPIN6 AUC	3. Mailing Address 244 SHOPPING AVC							
Suite, Apt. #, etc. **F 267		Suite, Apt. #, etc. + 261				DO NOT WRITE II	N THIS SPACE		
City & State SANAS OTA FI		City & State =S.A.R.A.S.OT.A. = F/			4. FEI Number 5-9=-365 7	334	- 	plied For t Applicable	
^{Zip} 3 4	237 SAN 95076		SANAST.		5. Certificate of St.		\$8.75 Add		
Name and Address of Current Registered Agent					7. Name and Add	ress of New Regi	stered Agent		
SIDELL, SCOTT 5900 S. TAMIAMI TR.,STE.H SARASOTA FL 34231				Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code (1237)					
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 OPTION DATE DATE OPTION DATE DA									
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 After MAY 1, 2000 Fee will be 3 Make Check Payable to Department				50:00	Trust Fu	Campaign Finance and Contribution.	Added	O May Be To Fees	
11.	OFFICERS AND D		12.	Direct		NGES TO OFFICE	RS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sidell, Scott 5900 S. Tamiami Tr.,Ste.H Sarasota Fl 34231	Delete .	NAME STREET ADDRESS CITY-ST-ZIP	Scot 244	- SIDEL SHOPPING ASOTA	L + orc ==1 3	かっして サンレフ 4237	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
or the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	wereg to execute this report as	ne exemption stat signature shall h required by Cha	ed in Secti ave the sar pter 607, F	on 119.07(3)(i), Flome legal effect as i florida Statutes; an	orida Statutes. I fur f made under oath d that my name ap	ther certify that the ir i; that I am an officer opears in Block 11 or	or of Block 12 if	

SCOTT STORE 6/16/00 SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

1) WHOM IT MAY CONCERN,

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I Just received This Form IT

HAD Bein Formanded to pennsylvania,
see ATTACHEL.

The corporation of ATT ANS

New ADRESS.

5- 5- 6056 941-915-6056

I called and was to up to some Back the Form with a worker and pay only A 150.

THE EIN WAS JUST ISSUED ON 7/6