

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90035 026 ***150.00

DOCUMENT # P99000060036

1. Entity Name

TELE-SHOPPING AND CONSULTING, INC.

Principal Place of Business

**200 E. ROBINSON ST., STE. 1245
 ORLANDO FL 32801**

Mailing Address

**200 E. ROBINSON ST., STE. 1245
 ORLANDO FL 32801**

2. Principal Place of Business

2908 LAGOON COVE

3. Mailing Address

2908 LAGOON COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FLORIDA

City & State

OVIEDO FLORIDA

4. FEI Number

59-3620094

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32765

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **DEBIA BUDAI**

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

2908 LAGOON COVE

City **OVIEDO**

FL

Zip Code **32765**

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

Deborah A. Budai

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/02

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, 2002 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

TITLE **D** ☒ Delete
 NAME **PETERSON, SCOT**
 STREET ADDRESS **200 E. ROBINSON ST., STE. 1245**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☒ Delete
 NAME **PETERSON, CHRIS**
 STREET ADDRESS **200 E. ROBINSON ST., STE. 1245**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **DEBIA BUDAI**
 STREET ADDRESS **2908 LAGOON COVE**
 CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Change ☐ Addition
 NAME
 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:

Deborah A. Budai **Deborah A. Budai**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02

CR2E034 (9/01)