

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90108 010 ***150.00

A0060910

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000106164

1. Entity Name

TRUE DIAL TECHNOLOGIES, INC.

Principal Place of Business

273 S. STATE ROAD 7

MARGATE FL 33068

Mailing Address

273 S. STATE ROAD 7

MARGATE FL 33068

2. Principal Place of Business

1300 SAWGRASS CORP PKWY

Suite, Apt. #, etc.

SUITE 310

CITY & STATE

SUNRISE FL

Zip

33323

Country

USA

3. Mailing Address

1300 SAWGRASS CORP PKWY

Suite, Apt. #, etc.

SUITE 310

CITY & STATE

SUNRISE FL

Zip

33323

Country

USA

4. FEI Number

65-0983397

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

PARALEGAL & ATTORNEY SERVICES

BURGESS, INC

1406 HAYS ST. SUITE 2

TALLAHASSEE, FL 32301

Name

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

1300 SAWGRASS CORP PKWY

SUITE 310

City

SUNRISE

FL

Zip Code

33323

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)

4/16/01

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 | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PD |
| STREET ADDRESS | ONG-UNG-LOCK |
| CITY-ST-ZIP | 1300 SAWGRASS CORP. PKWY SUITE 310 SUNRISE FL 33323 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | UPD |
| STREET ADDRESS | DOERK KAT-LWONG |
| CITY-ST-ZIP | 1300 SAWGRASS CORP PKWY SUITE 310 SUNRISE FL 33323 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TD |
| STREET ADDRESS | WILLIAM SCONE |
| CITY-ST-ZIP | 1300 SAWGRASS CORP PKWY SUITE 310 SUNRISE FL 33323 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SD |
| STREET ADDRESS | DANIEL TOWATTE |
| CITY-ST-ZIP | 1300 SAWGRASS CORP PKWY SUITE 310 SUNRISE FL 33323 |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)