

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S11106

1. Entity Name  
TELEDATA CONCEPTS, INC.

Principal Place of Business  
4100 N POWERLINE ROAD  
1-2  
POMPANO BEACH FL 33073

Mailing Address  
4100 N POWERLINE ROAD  
1-2  
POMPANO BEACH FL 33073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0227197

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

SERRANO, SUZANNE  
3622 TERRAPIN 1006  
CORAL SPRINGS FL 33067

Name Suzanne Serrano  
Street Address (P.O. Box Number is Not Acceptable) 3722 Terrapin Lane # 1908  
City Coral Springs FL Zip Code 33067

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 *Suzanne Serrano* Suzanne Serrano Controller 1/24/01  
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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	FEINERMAN, JEFFREY S	
STREET ADDRESS	4421 N DIXIE HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KRUGER, MARK	
STREET ADDRESS	4421 N DIXIE HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, GARRETT	
STREET ADDRESS	400 ROYAL PALM WAY STE 410	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, SCOTT	
STREET ADDRESS	400 ROYAL PALM WAY STE 410	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHILTON, ROBERT	
STREET ADDRESS	4421 N DIXIE HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Patrick Keever	
STREET ADDRESS	700 Kemah Ln	
CITY-ST-ZIP	Schaumburg IL 60193	
TITLE	VP/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Kehoe	
STREET ADDRESS	85 Cobblestone	
CITY-ST-ZIP	Wheaton IL 60187	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Caggert	
STREET ADDRESS	107 Pembroke Drive	
CITY-ST-ZIP	Palm Beach FL 33418	
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-14-01 954-935-1220 Daytime Phone #

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90017 009 \*\*\*150.00

923842



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)