

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90072 029 \*\*\*150.00

**DOCUMENT #**

**1. Entity Name**

V57931 ✓

Telecommercial Inc

**Principal Place of Business**

**Mailing Address**

1791 Blount Road  
 Ste 712

1791 Blount Road  
 Ste 712

Pompano Beach FL 33069 Pompano Beach FL 33069

**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**

65-0351508

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Watson, David  
 1791 Blount Road  
 Ste 712  
 Pompano Beach FL 33069

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**MANAGING MEMBERS/MEMBERS**

**10.**

**ADDITIONS/CHANGES**

Watson, David  
 1791 Blount Road Ste 712  
 Pompano Beach FL 33069

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Change ☐ Addition

VP  
 Watson Mark  
 1791 Blount Road Ste 712  
 Pompano Beach FL 33069

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Change ☐ Addition

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**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Change ☐ Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**Date**

**Daytime Phone #**

1-31-00 954-969-1623

CR2E083 (11/99)