2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 184723

City-St-Zip:

MACCLENNY, FL 32063

Entity Name: NORTHEAST FLORIDA TELEPHONE COMPANY

FILED Jan 15, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 130 N 4TH ST 130 N 4TH ST MACCLENNY, FL 320630485 US MACCLENNY, FL 320632112 US **Current Mailing Address: New Mailing Address:** PO BOX 485 MACCLENNY, FL 320630485 US FEI Number: 59-0798013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONNER, LEON 130 NORTH FOURTH STREET MACCLENNY, FL 320632112 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CONNER, LEON, Name: Name: CONNER, LEON 130 NORTH FOURTH STREET 130 NORTH FOURTH STREET Address: Address: City-St-Zip: MACCLENNY, FL 32063 City-St-Zip: MACCLENNY, FL 32063 US Title: (X) Change () Addition Title: () Delete Name: HOLLAND, EVELYN H. Name: HOLLAND, EVELYN H 130 NORTH FOURTH STREET 130 NORTH FOURTH STREET Address: Address: MACCLENNY, FL 32063 US MACCLENNY, FL 32063 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: ROSS, JOHNNY R ROSS, JOHNNY R Name: Name: HWY 82 & 29 HW/Y 82 & 29 Address: Address: City-St-Zip: LEWISVILLE, AR 71845 City-St-Zip: LEWISVILLE, AR 71845 US Title: () Delete Title: (X) Change () Addition EASTERDAY, JANET C EASTERDAY, JANET C Name: Name: Address: 130 NORTH FOURTH STREET Address: 130 NORTH FOURTH STREET City-St-Zip: City-St-Zip: MACCLENNY, FL 32063 MACCLENNY, FL 32063 US Title: Title: (X) Change () Addition () Delete CONNER, SHANNON D CONNER, SHANNON D Name: Name: 130 NORTH FOURTH STREET Address: 130 NORTH FOURTH STREET Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LEON CONNER PD 01/15/2002

MACCLENNY, FL 32063 US